

**Fill in this information to identify your case:**

Debtor 1 Terry Lee  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Texas

Case number 19-36871-H5-7  
(If known)

☐ Check if this is an amended filing
**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information** 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets****Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* ..... \$ 601,878.00
- 1b. Copy line 62, Total personal property, from *Schedule A/B* ..... \$ 483,247.06
- 1c. Copy line 63, Total of all property on *Schedule A/B* ..... **\$ 1,085,125.06**

**Part 2: Summarize Your Liabilities****Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* ..... \$ 0.00
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* ..... \$ 14,322.53
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* ..... + \$ 1,598,002.77
- Your total liabilities** **\$ 1,612,325.30**

**Part 3: Summarize Your Income and Expenses**

4. *Schedule I: Your Income* (Official Form 106I)
- Copy your combined monthly income from line 12 of *Schedule I* ..... \$ 7,966.03
5. *Schedule J: Your Expenses* (Official Form 106J)
- Copy your monthly expenses from line 22c of *Schedule J* ..... \$ 7,800.00

Debtor 1 **Terry Lee**  
 First Name Middle Name Last Name

Case number (if known) **19-36871-H5-7**

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ \_\_\_\_\_

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 14,322.53
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$ 14,322.53

Fill in this information to identify your case and this filing:

Debtor 1 Terry Lee  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Texas

Case number 19-36871-H5-7

☐ Check if this is an amended filing

## Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1. 508 W. 30th Street  
 Street address, if available, or other description

Houston TX 77018  
 City State ZIP Code

Harris County  
 County

**What is the property?** Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:**

Paid for

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property?	Current value of the portion you own?
\$ <u>601,878.00</u>	\$ <u>601,878.00</u>

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**  
 Other \_\_\_\_\_

☒ Check if this is community property

If you own or have more than one, list here:

1.2. \_\_\_\_\_  
 Street address, if available, or other description

\_\_\_\_\_  
 City State ZIP Code

\_\_\_\_\_  
 County

**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$ _____	\$ _____

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**  
 \_\_\_\_\_

☐ Check if this is community property (see instructions)

1. \_\_\_\_\_

Street address, if available, or other description

\_\_\_\_\_

City State ZIP Code

County

**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

☐ **Check if this is community property**  
(see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. \_\_\_\_\_ →

\$ 601,878.00

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

3.1. Make: Subaru  
 Model: Outback  
 Year: 2015  
 Approximate mileage: 50,000  
 Other information:

Condition: Fair; Wife's Car with Title in Her Name Only - Paid for

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ 14,176.00

\$ 14,176.00

If you own or have more than one, describe here:

3.2. Make: Subaru  
 Model: Outback  
 Year: 2011  
 Approximate mileage: 123,000  
 Other information:

Condition: Fair; Paid for

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ 5,996.00

\$ 5,996.00

\_\_\_\_. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

4.1. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** **Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** .....



\$ 20,172.00

**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.....

Yard Tools: \$100.00, Lawnmower: \$500.00, Mechanic Tools: \$2,500.00, Carpenter Tools: \$2,500.00, Lamps &amp; Accessories: \$5,000.00, Dressers/Nightstands: \$5,000.00, Bedroom Furniture: \$2,500.00, Kitchen Table &amp; Chairs: \$500.00, Dining Room Furniture: \$5,000.00, Living Room Furniture: \$2,500.00, Cookware: \$500.00, Silverware: \$500.00, Cooking Utensils: \$100.00, Microwave: \$500.00, Washer &amp; Dryer: \$500.00, Refrigerator: \$500.00, Stove: \$1,000.00

\$ 29,700.00

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.....

Cell Phones: \$1,000.00, Other Computer Equipment: \$2,000.00, Printer: \$1,000.00, Computer(s): \$2,000.00, Stereo Equipment: \$1,000.00, DVD Player: \$1,000.00, TVs: \$1,000.00

\$ 9,000.00

**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....

\$ 0.00

**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....

\$ 0.00

**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....

\$ 0.00

**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....

Clothing &amp; Shoes

\$ 1,000.00

**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....

Wedding Rings, Other Jewelry &amp; Watches

\$ 10,000.00

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....

\$ 0.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....

\$ 0.00

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 49,700.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes ..... Cash: ..... \$ .....**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes ..... Institution name:

17.1. Checking account: BB&amp;T Bank, account no. ...9754 \$ 15,182.66

17.2. Checking account: \$ .....

17.3. Savings account: \$ .....

17.4. Savings account: \$ .....

17.5. Certificates of deposit: \$ .....

17.6. Other financial account: \$ .....

17.7. Other financial account: \$ .....

17.8. Other financial account: \$ .....

17.9. Other financial account: \$ .....

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☐ No☒ Yes .....

Institution or issuer name:

E\*Trade, account no. ...7013 (LLC S Corporation) \$ 136.65

Fidelity Investments, account no. ...6274 \$ 136.29

Fidelity Investments, account no. ...0573 (Funds belong to Debtor's Mother and he is holding for her benefit) \$ 14,853.08

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☐ No☒ Yes. Give specific information about them. ....

Name of entity:

Carebridge Digital, LLC

% of ownership:

100% % \$ Unknown

T-Rex Investments, LLC (Owns Property in California) 100% % \$ 85,000.00

Texas Alliance Surgical Center Katy, LLC 100% % \$ Unknown

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them. ....

Issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately. Institution name:  
 Type of account:

401(k) or similar plan:	_____	\$ _____
Pension plan:	_____	\$ _____
IRA:	E*Trade, account no. ...7350 (SEP IRA)	\$ 285,898.01
Retirement account:	_____	\$ _____
Keogh:	_____	\$ _____
Additional account:	E*Trade, account no. ...7060 (ROTH IRA)	\$ 8,388.48
Additional account:	E*Trade, account no. ...7097 (Traditional IRA)	\$ 2,525.97

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes..... Institution name or individual:

Electric:	_____	\$ _____
Gas:	_____	\$ _____
Heating oil:	_____	\$ _____
Rental unit:	_____	\$ _____
Prepaid rent:	_____	\$ _____
Telephone:	_____	\$ _____
Water:	_____	\$ _____
Rented furniture:	_____	\$ _____
Other:	_____	\$ _____

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes..... Issuer name and description:

_____	\$ _____
_____	\$ _____
_____	\$ _____



**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them. ...

\$ 0.00

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

\$ 0.00

**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

\$ 0.00

**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal: \$ 0.00

State: \$ 0.00

Local: \$ 0.00

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information. ....

Alimony: \$ 0.00

Maintenance: \$ 0.00

Support: \$ 0.00

Divorce settlement: \$ 0.00

Property settlement: \$ 0.00

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information. ....

\$ 0.00

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value. .... Company name: Beneficiary: Surrender or refund value:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information. ....

\$ 0.00

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim. ....

\$ 0.00

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim. ....

\$ 0.00

**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information. ....

\$ 0.00

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$ 413,375.06

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**☐ No☐ Yes. Describe ..... \$ \_\_\_\_\_**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☐ No☐ Yes. Describe ..... \$ \_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☐ No☐ Yes. Describe .....

\$

**41. Inventory**☐ No☐ Yes. Describe .....

\$

**42. Interests in partnerships or joint ventures**☐ No☐ Yes. Describe ..... Name of entity:

% of ownership:

%

\$

%

\$

%

\$

**43. Customer lists, mailing lists, or other compilations**☐ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe .....

\$

**44. Any business-related property you did not already list**☐ No☐ Yes. Give specific information .....

\$

\$

\$

\$

\$

\$

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** .....

\$ 0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**47. Farm animals***Examples: Livestock, poultry, farm-raised fish*☐ No☐ Yes .....

\$

## 48. Crops—either growing or harvested

☐ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☐ No☐ Yes .....

\$ \_\_\_\_\_

## 50. Farm and fishing supplies, chemicals, and feed

☐ No☐ Yes .....

\$ \_\_\_\_\_

## 51. Any farm- and commercial fishing-related property you did not already list

☐ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....



\$ 0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

*Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information. ....

## 54. Add the dollar value of all of your entries from Part 7. Write that number here .....



\$ 0.00

**Part 8: List the Totals of Each Part of this Form**

## 55. Part 1: Total real estate, line 2 .....



\$ 601,878.00

## 56. Part 2: Total vehicles, line 5

\$ 20,172.00

## 57. Part 3: Total personal and household items, line 15

\$ 49,700.00

## 58. Part 4: Total financial assets, line 36

\$ 413,375.06

## 59. Part 5: Total business-related property, line 45

\$ 0.00

## 60. Part 6: Total farm- and fishing-related property, line 52

\$ 0.00

## 61. Part 7: Total other property not listed, line 54

+ \$ 0.00

## 62. Total personal property. Add lines 56 through 61. ....

\$ 483,247.06

Copy personal property total →

+ \$ 483,247.06

## 63. Total of all property on Schedule A/B. Add line 55 + line 62. ....

\$ 1,085,125.06

Debtor 1 Terry Lee  
 First Name Middle Name Last Name

Case number (if known) 19-36871-H5-7

**Continuation Sheet for Official Form 106A/B**

**18) Bonds, mutual funds, or publicly traded stocks**

TD Ameritrade, account no. ...2125	1,163.38
E*Trade, account no. ...2322	90.54

**19) Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

Signature Smiles Katy, PLLC	100%	Unknown
Texas Alliance Surgical Center, LLC dba Alliance Surgical Center Humble	51%	Unknown
Signature Smiles Surgical Center, LLC dba Alliance Surgical Center, dba Alliance Surgical Center Garden Oaks & Heights Dental Surgery Center	67%	Unknown
Signature Smiles Woodlands, PLLC dba Signature Smiles Woodlands	51%	Unknown
Signature Smiles Humble, PLLC dba Signature Smiles Humble	100%	Unknown
Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	100%	Unknown

**Fill in this information to identify your case:**

Debtor 1	Terry Lee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Texas			
Case number (if known)	19-36871-H5-7		

☐ Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt****1. Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

**2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
508 W. 30th Street  Brief description:  Line from Schedule A/B: 1.1	\$ 601,878.00	<input checked="" type="checkbox"/> \$ 601,878.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. 41.001, 41.002, 41.003, Tex. Const. Art. 16, § 50 Tex. Const. Art. 16, § 51
2015 Subaru Outback  Brief description:  Line from Schedule A/B: 3.1	\$ 14,176.00	<input checked="" type="checkbox"/> \$ 14,176.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(9)
2011 Subaru Outback  Brief description:  Line from Schedule A/B: 3.2	\$ 5,996.00	<input checked="" type="checkbox"/> \$ 5,996.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(9)

**3. Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No  
☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☒ No  
☐ Yes

Debtor **Terry Lee**  
 First Name Middle Name Last Name

Case number (if known) **19-36871-H5-7**

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Household goods - Yard Tools: \$100.00 Brief description: Line from Schedule A/B: 6	\$100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Lawnmower: \$500.00 Brief description: Line from Schedule A/B: 6	\$500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Mechanic Tools: \$2,500.00 Brief description: Line from Schedule A/B: 6	\$2,500.00	<input checked="" type="checkbox"/> \$ 2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Carpenter Tools: \$2,500.00 Brief description: Line from Schedule A/B: 6	\$2,500.00	<input checked="" type="checkbox"/> \$ 2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Lamps & Accessories: \$5,000.00 Brief description: Line from Schedule A/B: 6	\$5,000.00	<input checked="" type="checkbox"/> \$ 5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Dressers/Nightstands: \$5,000.00 Brief description: Line from Schedule A/B: 6	\$5,000.00	<input checked="" type="checkbox"/> \$ 5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Bedroom Furniture: \$2,500.00 Brief description: Line from Schedule A/B: 6	\$2,500.00	<input checked="" type="checkbox"/> \$ 2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Kitchen Table & Chairs: \$500.00 Brief description: Line from Schedule A/B: 6	\$500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Dining Room Furniture: \$5,000.00 Brief description: Line from Schedule A/B: 6	\$5,000.00	<input checked="" type="checkbox"/> \$ 5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Living Room Furniture: \$2,500.00 Brief description: Line from Schedule A/B: 6	\$2,500.00	<input checked="" type="checkbox"/> \$ 2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Cookware: \$500.00 Brief description: Line from Schedule A/B: 6	\$500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Silverware: \$500.00 Brief description: Line from Schedule A/B: 6	\$500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)

Debtor **Terry Lee**  
 First Name Middle Name Last Name

Case number (if known) **19-36871-H5-7**

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Household goods - Cooking Utensils: \$100.00 Brief description: Line from Schedule A/B: 6	\$100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Microwave: \$500.00 Brief description: Line from Schedule A/B: 6	\$500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Washer & Dryer: \$500.00 Brief description: Line from Schedule A/B: 6	\$500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Refrigerator: \$500.00 Brief description: Line from Schedule A/B: 6	\$500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Household goods - Stove: \$1,000.00 Brief description: Line from Schedule A/B: 6	\$1,000.00	<input checked="" type="checkbox"/> \$ 1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Electronics - Cell Phones: \$1,000.00 Brief description: Line from Schedule A/B: 7	\$1,000.00	<input checked="" type="checkbox"/> \$ 1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Electronics - Other Computer Equipment: \$2,000.00 Brief description: Line from Schedule A/B: 7	\$2,000.00	<input checked="" type="checkbox"/> \$ 2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Electronics - Printer: \$1,000.00 Brief description: Line from Schedule A/B: 7	\$1,000.00	<input checked="" type="checkbox"/> \$ 1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Electronics - Computer(s): \$2,000.00 Brief description: Line from Schedule A/B: 7	\$2,000.00	<input checked="" type="checkbox"/> \$ 2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Electronics - Stereo Equipment: \$1,000.00 Brief description: Line from Schedule A/B: 7	\$1,000.00	<input checked="" type="checkbox"/> \$ 1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Electronics - DVD Player: \$1,000.00 Brief description: Line from Schedule A/B: 7	\$1,000.00	<input checked="" type="checkbox"/> \$ 1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)
Electronics - TVs: \$1,000.00 Brief description: Line from Schedule A/B: 7	\$1,000.00	<input checked="" type="checkbox"/> \$ 1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(1)



Debtor **Terry Lee**  
 First Name Middle Name Last Name

Case number (if known) **19-36871-H5-7**

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Clothing - Clothing & Shoes Brief description: Line from Schedule A/B: 11	\$ 1,000.00	<input checked="" type="checkbox"/> \$ 1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(2),(5)
Jewelry - Wedding Rings, Other Jewelry & Watches Brief description: Line from Schedule A/B: 12	\$ 10,000.00	<input checked="" type="checkbox"/> \$ 10,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.002 (a)(6)
E*Trade, account no. ...7350 (SEP IRA) Brief description: Line from Schedule A/B: 21	\$ 285,898.01	<input checked="" type="checkbox"/> \$ 285,898.01 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.0021
E*Trade, account no. ...7060 (ROTH IRA) Brief description: Line from Schedule A/B: 21	\$ 8,388.48	<input checked="" type="checkbox"/> \$ 8,388.48 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.0021
E*Trade, account no. ...7097 (Traditional IRA) Brief description: Line from Schedule A/B: 21	\$ 2,525.97	<input checked="" type="checkbox"/> \$ 2,525.97 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code Ann. § 42.0021
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

**Fill in this information to identify your case:**

Debtor 1	Terry Lee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Texas			
Case number (If known)	19-36871-H5-7		

☐ Check if this is an amended filing
**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

**2.1****Describe the property that secures the claim:**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Who owes the debt?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) \_\_\_\_\_

**Last 4 digits of account number** \_\_\_\_\_**2.2****Describe the property that secures the claim:**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Who owes the debt?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) \_\_\_\_\_

**Last 4 digits of account number** \_\_\_\_\_**Add the dollar value of your entries in Column A on this page. Write that number here:**

\$ 0.00

Debtor 1 Terry Lee  
 First Name Middle Name Last Name

Case number (if known) 19-36871-H5-7

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/> Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____

## Fill in this information to identify your case:

Debtor 1	Terry Lee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Texas			
Case number (If known)	19-36871-H5-7		

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<p>Amanda Moon Lee</p> <p>Priority Creditor's Name c/o Phillip G. Ghutzman</p> <p>Number Street 440 Louisiana Street, Suite 1500</p> <p>Houston TX 77002</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number Divorce</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:  <input checked="" type="checkbox"/> Domestic support obligations  <input type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p>	\$ Unknown	\$ Unknown	\$ Unknown
2.2	<p>Texas Workforce Commission</p> <p>Priority Creditor's Name c/o Office of the Attorney General</p> <p>Number Street P.O. Box 12548</p> <p>Austin TX 78711-2548</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0738</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:  <input type="checkbox"/> Domestic support obligations  <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p>	\$ 3,611.09	\$ 3,611.09	\$ 0.00

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority  
amountNonpriority  
amount**2.3** Texas Workforce Commission

Last 4 digits of account number 8968

\$ 2,584.96 \$ 2,584.96 \$ 0.00

Priority Creditor's Name  
c/o Office of the Attorney General

Number Street  
P.O. Box 12548

Austin TX 78711-2548

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

**2.4** Texas Workforce Commission

Last 4 digits of account number 0734-Carebridge \$ 8,126.48 \$ 8,126.48 \$ 0.00

Priority Creditor's Name  
c/o Office of the Attorney General

Number Street  
P.O. Box 12548

Austin TX 78711-2548

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Last 4 digits of account number

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	<p>3M Unitek</p> <hr/> <p>Nonpriority Creditor's Name            3724 South Peck Road</p> <hr/> <p>Number Street</p> <hr/> <p>Monrovia CA 91016            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3003/3002</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble</p>	<p>\$391.16</p>
4.2	<p>3M Unitek</p> <hr/> <p>Nonpriority Creditor's Name            3724 South Peck Road</p> <hr/> <p>Number Street</p> <hr/> <p>Monrovia CA 91016            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7330</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	<p>\$2,309.52</p>
4.3	<p>ADA Members Insurance</p> <hr/> <p>Nonpriority Creditor's Name            Great West Financial</p> <hr/> <p>Number Street            P.O. Box 710890</p> <hr/> <p>Denver CO 80271            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	<p>\$30.32</p>

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
<b>4.4</b>	ADP, LLC	Last 4 digits of account number 8786	\$ 325.03
Nonpriority Creditor's Name P.O. Box 842875 Number Street  Boston MA 02284 City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			
<b>4.5</b>	ADP, LLC	Last 4 digits of account number 3194/3456	\$ Unknown
Nonpriority Creditor's Name P.O. Box 842875 Number Street  Boston MA 02284 City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble			
<b>4.6</b>	Alert 360	Last 4 digits of account number 1951	\$54.07
Nonpriority Creditor's Name P.O. BOX 21031 Number Street  Tulsa OK 74121 City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.7	Align Technology, Inc	Last 4 digits of account number 1729/5070	\$ 3,458.92
Nonpriority Creditor's Name P.O. Box 742531 Number Street  Los Angeles CA 90074 City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			
4.8	American Association of Dental Ofc. Mgt.	Last 4 digits of account number 8481	\$ 169.00
Nonpriority Creditor's Name 125 Half Mile Road, Suite 200 Number Street  Red Bank NJ 07701 City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center & dba Alliance Surgical Center Garden Oaks			
4.9	American Express	Last 4 digits of account number	\$5,600.64
Nonpriority Creditor's Name P.O. Box 650448 Number Street  Dallas TX 75265 City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt - Credit Card			



**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
<b>4.10</b>	American Orthodontics Corporation*	Last 4 digits of account number 0582/0585	\$ Unknown
Nonpriority Creditor's Name		When was the debt incurred? _____	
P.O. Box 109			
Number _____ Street _____			
Milwaukee WI 53278		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble	
<input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.11</b>	American Orthodontics Corporation*	Last 4 digits of account number 0592	\$ 957.04
Nonpriority Creditor's Name		When was the debt incurred? _____	
P.O. Box 109			
Number _____ Street _____			
Milwaukee WI 53278		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.12</b>	Annavy Nguyen	Last 4 digits of account number	\$ Unknown
Nonpriority Creditor's Name		When was the debt incurred? _____	
511 Allston Street, #1313			
Number _____ Street _____			
Houston TX 77007		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Alliance Surgical Center Garden	
<input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.13	AppRiver		
Nonpriority Creditor's Name			
P.O. Box 3547			
Number Street			
Houston TX 77253			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble	\$ 894.32
4.14	Araceli Lopez		
Nonpriority Creditor's Name			
15218 La Mancha Drive			
Number Street			
Houston TX 77083			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	\$ 326.82
4.15	Barrett Margin		
Nonpriority Creditor's Name			
24719 Royal Pike Drive			
Number Street			
Katy TX 77493			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt	\$ Unknown

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.16	<p>BeaconMedaes</p> <p>Nonpriority Creditor's Name</p> <p>P.O. Box 123234, Dept. 3234</p> <p>Number Street</p> <p>Dallas TX 75312</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Texas Alliance Surgical Center, LLC dba Alliance Surgical Center Humble</p>	\$ 3,964.95
4.17	<p>Blue Cross Blue Shield of Texas</p> <p>Nonpriority Creditor's Name</p> <p>P.O. Box 731428</p> <p>Number Street</p> <p>Dallas TX 75373</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9300</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ Unknown
4.18	<p>Brasseler USA</p> <p>Nonpriority Creditor's Name</p> <p>One Brasseler Boulevard</p> <p>Number Street</p> <p>Savannah GA 31419</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1872</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ 507.81

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.19	Brasseler USA	Last 4 digits of account number 6943/9046	\$ Unknown
<p>Nonpriority Creditor's Name One Brasseler Boulevard</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Savannah GA 31419 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp; dba Alliance Surgical Center Garden Oaks</p>			
4.20	Brasseler USA	Last 4 digits of account number 2386	\$ 441.73
<p>Nonpriority Creditor's Name One Brasseler Boulevard</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Savannah GA 31419 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble</p>			
4.21	Capital One	Last 4 digits of account number	\$ 67,084.16
<p>Nonpriority Creditor's Name P.O. Box 60599</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>City Of Industry CA 91716 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt - Credit Card</p>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.22	Cardinal Health		
Nonpriority Creditor's Name		Last 4 digits of account number	6908
c/o Bank of America Lockbox		When was the debt incurred?	
Number Street			\$ Unknown
5303 Collections Center Drive			
Chicago IL 60693		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.23	Care Credit		
Nonpriority Creditor's Name		Last 4 digits of account number	\$ 410.90
c/o Kenya Leal		When was the debt incurred?	
Number Street			
P.O. Box 960061			
Orlando FL 32896-0061		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble	
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.24	Carestream Dental, LLC		
Nonpriority Creditor's Name		Last 4 digits of account number	7541
3625 Cumberland Blvd., Suite 700		When was the debt incurred?	\$ 53.68
Number Street			
Atlanta GA 30339		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.25	Carestream Dental, LLC	Last 4 digits of account number 8328	\$ 58.46
<p>Nonpriority Creditor's Name 3625 Cumberland Blvd., Suite 700</p> <p>Number Street</p> <p>Atlanta GA 30339 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble</p>			
4.26	CenterPoint Energy	Last 4 digits of account number 3321	\$ Unknown
<p>Nonpriority Creditor's Name P.O. Box 4981</p> <p>Number Street</p> <p>Houston TX 77210 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp; dba Alliance Surgical Center Garden Oaks</p>			
4.27	CenterPoint Energy	Last 4 digits of account number 7780	\$ 27.86
<p>Nonpriority Creditor's Name P.O. Box 4981</p> <p>Number Street</p> <p>Houston TX 77210 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble</p>			



**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.28	CenterPoint Energy		
	Nonpriority Creditor's Name		
	P.O. Box 4981		
	Number Street		
	Houston TX 77210		
	City State ZIP Code		
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input checked="" type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
	Last 4 digits of account number		\$ 72.70
	When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks		
4.29	Centric Technology Services		
	Nonpriority Creditor's Name		
	8419-B Louetta Road		
	Number Street		
	Spring TX 77379		
	City State ZIP Code		
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input checked="" type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
	Last 4 digits of account number		\$ Unknown
	When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks		
4.30	Chase		
	Nonpriority Creditor's Name		
	P.O. Box 78039		
	Number Street		
	Phoenix AZ 85062-8039		
	City State ZIP Code		
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
	Last 4 digits of account number	6001	\$ Unknown
	When was the debt incurred?	2017	
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Business Debt - Loan		

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.31	Chase	Last 4 digits of account number 0001		\$ Unknown
Nonpriority Creditor's Name				
P.O. Box 78039				
Number Street				
Phoenix AZ 85062-8039				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt - Loan				
4.32	Chase	Last 4 digits of account number 3001		\$ Unknown
Nonpriority Creditor's Name				
P.O. Box 78039				
Number Street				
Phoenix AZ 85062-8039				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt - Loan				
4.33	Chase	Last 4 digits of account number 4001		\$ Unknown
Nonpriority Creditor's Name				
P.O. Box 78039				
Number Street				
Phoenix AZ 85062-8039				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt - Loan				



**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.34	<p>Christopher Allison</p> <p>Nonpriority Creditor's Name</p> <p>1300 E James Street, Apt. 1</p> <p>Number Street</p> <p>Baytown TX 77520</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt</p>	\$ Unknown
4.35	<p>Cigna Accent</p> <p>Nonpriority Creditor's Name</p> <p>P.O. Box 952366</p> <p>Number Street</p> <p>Saint Louis MO 63195-2366</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9059</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ Unknown
4.36	<p>City of Houston</p> <p>Nonpriority Creditor's Name</p> <p>P.O. Box 203887</p> <p>Number Street</p> <p>Houston TX 77216</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3056</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$265.00

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.37	Claims Recovery		
Nonpriority Creditor's Name		Last 4 digits of account number	\$ Unknown
231 East Avenue		When was the debt incurred?	
Number Street			
Albion NY 14411		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
Who incurred the debt? Check one.		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 2 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.38	CMV Fresh Solutions, Inc.		
Nonpriority Creditor's Name		Last 4 digits of account number	\$ Unknown
4915 Steffani Lane		When was the debt incurred?	
Number Street			
Houston TX 77041-7817		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
Who incurred the debt? Check one.		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 2 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.39	Comcast		
Nonpriority Creditor's Name		Last 4 digits of account number	\$1,379.93
P.O. Box 3002		When was the debt incurred?	
Number Street			
Southeastern PA 19398		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
Who incurred the debt? Check one.		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 2 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input checked="" type="checkbox"/> Other. Specify Business Debt	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.40	Comcast	Last 4 digits of account number		\$ 355.04
Nonpriority Creditor's Name				
P.O. Box 3002				
Number Street				
Southeastern PA 19398				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify Business Debt				
4.41	Comcast Business	Last 4 digits of account number		\$ 1,419.92
Nonpriority Creditor's Name				
9602 S 300 W. Suite B				
Number Street				
Sandy UT 84070				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble				
4.42	Comcast Business	Last 4 digits of account number 5323		\$956.24
Nonpriority Creditor's Name				
9602 S 300 W. Suite B				
Number Street				
Sandy UT 84070				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks				

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
<b>4.43</b>	Compliance Assurance		
Nonpriority Creditor's Name			
682 Orvil Smith Road			
Number Street			
Harvest AL 35749			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
		\$ Unknown	
<b>4.44</b>	Compounding Shop Pharmacy		
Nonpriority Creditor's Name			
11845 Wilcrest Drive			
Number Street			
Houston TX 77031			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> 0408/0400/0405 When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
		\$ 910.00	
<b>4.45</b>	Coverall		
Nonpriority Creditor's Name			
2955 Momentum Place			
Number Street			
Chicago IL 60689			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> 9676 When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
		\$ 6,982.14	

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
<b>4.46</b>	Data Shredding Services	Last 4 digits of account number 3713	\$ Unknown
<p>Nonpriority Creditor's Name 615 West 38th Street Number Street</p> <p>Houston TX 77018 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			
<b>4.47</b>	De Lage Landen Financial Services, Inc.	Last 4 digits of account number 6161	\$ 144.96
<p>Nonpriority Creditor's Name P.O. Box 14535 Number Street</p> <p>Des Moines IA 50306 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			
<b>4.48</b>	Dell Financial Services	Last 4 digits of account number	\$ 994.00
<p>Nonpriority Creditor's Name P.O. Box 5275 Number Street</p> <p>Carol Stream IL 60197 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.49	Delta Dental of New Jersey, Inc.		
Nonpriority Creditor's Name			
1639 Route 10			
Number Street			
Parsippany NJ 07054			
City State ZIP Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Last 4 digits of account number		\$ Unknown	
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			
4.50	Denovo Dental		
Nonpriority Creditor's Name			
P.O. Box 548			
Number Street			
5130 Commerce Drive			
Baldwin Park CA 91706			
City State ZIP Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Last 4 digits of account number		E770/C770/M773 \$ Unknown	
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			
4.51	Dental Accounts at Ease		
Nonpriority Creditor's Name			
4195 S Grand Canyon Drive, Suite 106			
Number Street			
Las Vegas NV 89147			
City State ZIP Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Last 4 digits of account number		\$4,221.97	
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble			



**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.52	Dental Accounts at Ease		
Nonpriority Creditor's Name			
4195 S Grand Canyon Drive, Suite 106			
Number Street			
Las Vegas NV 89147			
City State ZIP Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number		\$ 6,590.97	
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			
4.53	Dental Assistance		
Nonpriority Creditor's Name			
7500 San Felipe Street, Suite. 600			
Number Street			
Houston TX 77063			
City State ZIP Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number		\$ Unknown	
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			
4.54	Dental Compliance Specialists		
Nonpriority Creditor's Name			
235 NE Loop 820, Suite 203			
Number Street			
Hurst TX 76053			
City State ZIP Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number		\$ 360.00	
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.55	Dental Health Products, Inc.	Last 4 digits of account number 2604/2788	\$ 164.01
<p>Nonpriority Creditor's Name P.O. Box 8465 Number Street</p> <p>Carol Stream IL 60197 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble</p>			
4.56	Dental Health Products, Inc.	Last 4 digits of account number 8587/2606	\$ Unknown
<p>Nonpriority Creditor's Name P.O. Box 8465 Number Street</p> <p>Carol Stream IL 60197 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			
4.57	Dental Systems, Inc.	Last 4 digits of account number	\$ Unknown
<p>Nonpriority Creditor's Name P.O. Box 7331 Number Street</p> <p>Baytown TX 77522 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			



**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim	
4.58	Dentsply Implants	<p>Nonpriority Creditor's Name P.O. Box 536935 Number Street</p> <p>Atlanta GA 30353 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4006/0340/9849</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ Unknown
4.59	Dentsply Implants	<p>Nonpriority Creditor's Name P.O. Box 536935 Number Street</p> <p>Atlanta GA 30353 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7818</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ 2,442.86
4.60	Direct Energy Business	<p>Nonpriority Creditor's Name P.O. Box 660749 Number Street</p> <p>Dallas TX 75266 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0810/0809</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ 6.65

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.61	<p>Dr. Brian Stanworth/Brian Stanworth, DDS, PLLC</p> <p>Nonpriority Creditor's Name c/o Sean B. Davis</p> <p>Number Street 600 Travis Street, Suite 5200</p> <p>Houston TX 77002 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt - Business Partner of Debtor on 3 Locations</p>	\$ Unknown
4.62	<p>Dr. Dan V. Nguyen</p> <p>Nonpriority Creditor's Name 4507 Holt Street</p> <p>Number Street</p> <p>Bellaire TX 77401 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt - Debtor's Business Partner on Carebridge Digital, LLC</p>	\$ Unknown
4.63	<p>Dr. Darius Smith</p> <p>Nonpriority Creditor's Name 1710 W TC Jester Blvd., Apt. 1304</p> <p>Number Street</p> <p>Houston TX 77008 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp; dba Alliance Surgical Center Garden Oaks</p>	\$17,972.88

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.64	<p>Dr. David Cho</p> <p>Nonpriority Creditor's Name</p> <p>2300 McCue Road, Apt. 230</p> <p>Number Street</p> <p>Houston TX 77056</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Garden Oaks &amp; Signature Smiles Humble</p>	\$ 4,819.26
4.65	<p>Dr. Derek Liang</p> <p>Nonpriority Creditor's Name</p> <p>5716 Bellaire Blvd., Suite B</p> <p>Number Street</p> <p>Houston TX 77081</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt</p>	\$ Unknown
4.66	<p>Dr. Gary Gardner</p> <p>Nonpriority Creditor's Name</p> <p>2613 Cartington Court</p> <p>Number Street</p> <p>College Station TX 77845</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt</p>	\$ Unknown

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.67	<p>Dr. Gregory Poindexter/</p> <p>Nonpriority Creditor's Name</p> <p>Herodontics Pediatric Dentistry, PLLC</p> <p>Number Street</p> <p>2736 Miranda Drive</p> <p>Murfreesboro TN 37128</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt</p>	\$ Unknown
4.68	<p>Dr. Josh Lee</p> <p>Nonpriority Creditor's Name</p> <p>P.O. Box 6983</p> <p>Number Street</p> <p>Houston TX 77265</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble</p>	\$ 8,600.00
4.69	<p>Dr. Katelynn Le</p> <p>Nonpriority Creditor's Name</p> <p>6917 Juliette Springs Lane</p> <p>Number Street</p> <p>Sugar Land TX 77479</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Garden Oaks &amp; Alliance Surgical Center Garden Oaks</p>	\$ 1,865.44

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.70	<p>Dr. Kathy &amp; Dan Nguyen/Centra1Dental, P.A.</p> <p>Nonpriority Creditor's Name c/o David Tang</p> <p>Number Street 6711 Stella Link, #343</p> <p>West University Place TX 77005 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt - Lawsuit</p>	\$ 913,500.00
4.71	<p>Dr. Kevin Yeh</p> <p>Nonpriority Creditor's Name c/o Joan Kehlof</p> <p>Number Street 720 N Post Oak Road, Suite 610</p> <p>Houston TX 77024 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt - Debtor's Business Partner on Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp; dba Alliance Surgical Center Garden Oaks</p>	\$ Unknown
4.72	<p>Dr. Mandy Wilkinson</p> <p>Nonpriority Creditor's Name 12306 Lanny Lane</p> <p>Number Street</p> <p>Houston TX 77077 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble</p>	\$ Unknown

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.73	<p>Dr. Scott Howell</p> <p>Nonpriority Creditor's Name</p> <p>2840 King's Retreat Circle</p> <p>Number Street</p> <p>Humble TX 77345</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Garden Oaks &amp; Signature Smiles Humble</p>	\$ 4,500.00
4.74	<p>Enlive Dental (Macco Systems)</p> <p>Nonpriority Creditor's Name</p> <p>23276 S Pointe Drive, #101</p> <p>Number Street</p> <p>Laguna Hills CA 92653</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ Unknown
4.75	<p>Entergy Texas, Inc.</p> <p>Nonpriority Creditor's Name</p> <p>P.O. Box 8104</p> <p>Number Street</p> <p>Baton Rouge LA 70891</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5375</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ Unknown



**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.76	Felicia Starr	Last 4 digits of account number		\$ Unknown
Nonpriority Creditor's Name				
10134 Rockaway Drive				
Number Street				
Houston TX 77016				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt				
4.77	Fidelis Realty Partners	Last 4 digits of account number 5452		\$ Unknown
Nonpriority Creditor's Name				
4500 Bissonnet Street, Suite 200				
Number Street				
Bellaire TX 77401				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt - Loan				
4.78	Fidelity Investments	Last 4 digits of account number		\$13,209.20
Nonpriority Creditor's Name				
P.O. Box 770001				
Number Street				
Cincinnati OH 45277				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt				

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.79	First Defense Fire & Safety		
Nonpriority Creditor's Name			
P.O. BOX 667189			
Number Street			
Houston TX 77266			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	\$57.50
4.80	First Defense Fire & Safety		
Nonpriority Creditor's Name			
P.O. BOX 667189			
Number Street			
Houston TX 77266			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble	\$65.00
4.81	Five Star Orthodontic		
Nonpriority Creditor's Name			
P.O. Box 888			
Number Street			
2928 Metro Street, Suite 102			
Denton TX 76207			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> 6002/6566 <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	\$149.50



**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.82	<p>Five Star Orthodontic</p> <p>Nonpriority Creditor's Name P.O. Box 888</p> <p>Number Street 2928 Metro Street, Suite 102</p> <p>Denton TX 76207 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6944/6841</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ 718.79
4.83	<p>Generators of Houston</p> <p>Nonpriority Creditor's Name 6106 Milwee Street</p> <p>Number Street</p> <p>Houston TX 77092 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp; dba Alliance Surgical Center Garden Oaks</p>	\$ Unknown
4.84	<p>Genesis Ortho Laboratory</p> <p>Nonpriority Creditor's Name 16044 South Skyview Court</p> <p>Number Street</p> <p>Forney TX 75126 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Victoria</p>	\$ Unknown

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.85	<p>Glidewell Laboratories</p> <p>Nonpriority Creditor's Name 4146 MacArthur Blvd.</p> <p>Number Street</p> <p>Newport Beach CA 92665</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0648 - Dr. Darius Sr</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ Unknown
4.86	<p>Glidewell Laboratories</p> <p>Nonpriority Creditor's Name 4141 MacArthur Blvd.</p> <p>Number Street</p> <p>Newport Beach CA 92660</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6370-Dr. Brian Stanw</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Woodlands, PLLC dba Signature Smiles Woodlands</p>	\$ Unknown
4.87	<p>Glidewell Laboratories</p> <p>Nonpriority Creditor's Name 4147 MacArthur Blvd.</p> <p>Number Street</p> <p>Newport Beach CA 92666</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0595 - Dr Derek Lian</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ Unknown

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.88	Glidewell Laboratories	Last 4 digits of account number 1832 - Dr David Cho	\$ 1,338.00
Nonpriority Creditor's Name			
4143 MacArthur Blvd.			
Number Street			
Newport Beach CA 92662			
City State ZIP Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			
4.89	Glidewell Laboratories	Last 4 digits of account number 1563 - Dr. Andrew Gcs	\$ 4,505.00
Nonpriority Creditor's Name			
4141 MacArthur Blvd.			
Number Street			
Newport Beach CA 92660			
City State ZIP Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			
4.90	Glidewell Laboratories	Last 4 digits of account number 7512 - Dr. Kevin Yeh	\$ 3,276.92
Nonpriority Creditor's Name			
4142 MacArthur Blvd.			
Number Street			
Newport Beach CA 92661			
City State ZIP Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

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			Total claim
4.91	Glidewell Laboratories	Last 4 digits of account number 0691 - Dr. Kristine A	\$ Unknown
<p>Nonpriority Creditor's Name 4144 MacArthur Blvd.</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Newport Beach CA 92663 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			
4.92	Glidewell Laboratories	Last 4 digits of account number 6799-Dr. Gary Gardn	\$ Unknown
<p>Nonpriority Creditor's Name 4141 MacArthur Blvd.</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Newport Beach CA 92660 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Woodlands, PLLC dba Signature Smiles Woodlands</p>			
4.93	GoSharps, LLC	Last 4 digits of account number 5649/5651	\$130.00
<p>Nonpriority Creditor's Name 3044 Old Denton Road</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Carrollton TX 75007 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
<b>4.94</b>	<p>GoSharps, LLC</p> <p>Nonpriority Creditor's Name</p> <p>3044 Old Denton Road</p> <p>Number Street</p> <p>Carrollton TX 75007</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5644</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp; dba Alliance Surgical Center Garden Oaks</p>	\$ 540.00
<b>4.95</b>	<p>Grace Medical Gas and Equipment</p> <p>Nonpriority Creditor's Name</p> <p>19102 Mockingbird Valley Drive</p> <p>Number Street</p> <p>Katy TX 77449</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ 1,309.05
<b>4.96</b>	<p>Gray Reed &amp; McGraw</p> <p>Nonpriority Creditor's Name</p> <p>1300 Post Oak Blvd., Suite 2000</p> <p>Number Street</p> <p>Houston TX 77056</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4298</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	\$ 902.50

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.97	GRB Dental		
Nonpriority Creditor's Name			
918 Willow Street			
Number Street			
Pasadena TX 77506			
City State ZIP Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number		\$ Unknown	
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			
4.98	Guardian		
Nonpriority Creditor's Name			
10 Hudson Yards			
Number Street			
New York NY 10001			
City State ZIP Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number		\$ Unknown	
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			
4.99	Harper Lawrence Financial, LLC		
Nonpriority Creditor's Name			
5407 Harbor Mist			
Number Street			
Baytown TX 77521			
City State ZIP Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Last 4 digits of account number		\$ Unknown	
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble			



**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.10	Harris County, et al		
Nonpriority Creditor's Name			
c/o Mr. John P. Dillman			
Number Street			
P.O. Box 3064			
Houston TX 77253-3064			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$2,457.25  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble	
4.10	Hartman Income REIT Operating Partnership, LP		
Nonpriority Creditor's Name			
dba Garden Oaks Shopping Center			
Number Street			
2909 Hillcroft, Suite 420			
Houston TX 77057			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$Unknown  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks - Lease	
4.10	Hartman Management		
Nonpriority Creditor's Name			
7211 Regency Square Blvd., Suite 223			
Number Street			
Houston TX 77036			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$Unknown  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.10a	Hartman SPE, LLC	Last 4 digits of account number 6ATL	\$ Unknown
Nonpriority Creditor's Name 7211 Regency Square Blvd., Suite 223 Number Street Houston TX 77036 City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt - Loan			
4.10b	HealthFirst	Last 4 digits of account number 6679	\$ 525.33
Nonpriority Creditor's Name Dept. CH 14330 Number Street Palatine IL 60055 City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			
4.10c	HealthFirst	Last 4 digits of account number 8875/5819	\$ 445.00
Nonpriority Creditor's Name Dept. CH 14330 Number Street Palatine IL 60055 City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center & dba Alliance Surgical Center Garden Oaks			



**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.10a	Henry Schein	Last 4 digits of account number 4379	\$ Unknown
<p>Nonpriority Creditor's Name 8781 West Road, Suite 140</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Houston TX 77064 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			
4.10b	Highland Capital Corporation	Last 4 digits of account number 2480	\$ 24,334.48
<p>Nonpriority Creditor's Name 5 Center Avenue</p> <p>When was the debt incurred? 2019</p> <p>Number _____ Street _____</p> <p>Little Falls NJ 07424 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			
4.10c	Highland Capital Corporation	Last 4 digits of account number	\$ 1,045.02
<p>Nonpriority Creditor's Name 5 Center Avenue</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Little Falls NJ 07424 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble</p>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.10	<p>Hiossen, Inc</p> <p>Nonpriority Creditor's Name</p> <p>270 Sylvan Ave., Suite 1130</p> <p>Number Street</p> <p>Englewood Cliffs NJ 07632</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ 1,267.00
4.11	<p>Holly Palmer/Harper Lawrence Financial LLC</p> <p>Nonpriority Creditor's Name</p> <p>5407 Harbor Mist</p> <p>Number Street</p> <p>Baytown TX 77521</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt</p>	\$ 3,750.62
4.11	<p>Humana</p> <p>Nonpriority Creditor's Name</p> <p>P.O. Box 3226</p> <p>Number Street</p> <p>Milwaukee WI 53201</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5001</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$ Unknown

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.11k	Humana Healthcare Plans		
Nonpriority Creditor's Name		Last 4 digits of account number	\$ Unknown
P.O. Box 3226		When was the debt incurred?	
Number Street			
Milwaukee WI 53201		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.11k	Inpro		\$ Unknown
Nonpriority Creditor's Name		Last 4 digits of account number	\$ Unknown
P.O. Box 720		When was the debt incurred?	
Number Street			
Muskego WI 53150		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.11k	Jonathan Herrera/Rebecca Longoria		\$700.00
Nonpriority Creditor's Name		Last 4 digits of account number	\$700.00
9927 Myrtle Field Lane		When was the debt incurred?	
Number Street			
Houston TX 77044		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble	
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.11k	JPMorgan Chase Bank, N.A.		
Nonpriority Creditor's Name			
c/o Bruce J. Ruzinsky			
Number Street			
1401 McKinney Street, Suite 1900			
Houston TX 77010			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ Unknown  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
4.11j	Juan Covarrubias/Maria Covarrubias		
Nonpriority Creditor's Name			
9310 Mill View Lane			
Number Street			
Humble TX 77396			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ 178.83  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble	
4.11i	Kettenbach, LP		
Nonpriority Creditor's Name			
62-64 Enter Lane			
Number Street			
Islandia NY 11749			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> 7133 \$ 68.49  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble	

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.11a	Kettenbach, LP	Last 4 digits of account number 4163/6057	\$2,165.27
Nonpriority Creditor's Name		When was the debt incurred? _____	
62-64 Enter Lane			
Number Street			
Islandia NY 11749		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.11b	Kimberlee Presson	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? _____	
4714 Applewood Crest Lane			
Number Street			
Rosharon TX 77583		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt	
<input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.12	K&L Gates, LLP	Last 4 digits of account number	\$169,501.39
Nonpriority Creditor's Name		When was the debt incurred? _____	
1000 Main St., Suite 2550			
Number Street			
HOUSTON TX 77002		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.12.1	Lincoln Financial Group			
Nonpriority Creditor's Name		Last 4 digits of account number		\$ Unknown
1330 Post Oak Blvd., # 2800		When was the debt incurred?		
Number Street				
Houston TX 77056		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.12.2	Lonestar Radiation Services			\$ 2,193.00
Nonpriority Creditor's Name		Last 4 digits of account number		\$ 2,193.00
22011 Avonglen Lane		When was the debt incurred?		
Number Street				
Spring TX 77389		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center & dba Alliance Surgical Center Garden Oaks		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.12.3	Lyon Collection Services, Inc.			\$ Unknown
Nonpriority Creditor's Name		Last 4 digits of account number 8786		\$ Unknown
370 7th Avenue		When was the debt incurred?		
Number Street				
New York NY 10001		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				



**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.12	Marcel Commons of the Woodlands, LLC			
Nonpriority Creditor's Name		Last 4 digits of account number		\$ Unknown
14815 Old Conroe Road		When was the debt incurred?		2015
Number Street				
Conroe TX 77384		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt - Loan		
<input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.12	Mayclin Dental Studio, Inc./			\$ 668.38
Nonpriority Creditor's Name		Last 4 digits of account number		\$ 668.38
KinderKrowns		When was the debt incurred?		
Number Street				
7505 Hwy. 7, Suite 100		As of the date you file, the claim is: Check all that apply.		
St. Louis Park MN 55426		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.12	McKesson Medical-Surgical			\$ 813.51
Nonpriority Creditor's Name		Last 4 digits of account number		\$ 813.51
9954 Mayland Drive, Suite 4000		When was the debt incurred?		
Number Street				
Richmond VA 23233		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center & dba Alliance Surgical Center Garden Oaks		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.12a	Medline Industries	Last 4 digits of account number 8744/4105	\$ Unknown
<p>Nonpriority Creditor's Name P.O. Box 121080, Dept. 1080</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Dallas TX 75312 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			
4.12b	Memorial Hermann	Last 4 digits of account number 9134	\$ 500.00
<p>Nonpriority Creditor's Name P.O. Box 4370</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Houston TX 77210-4370 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Medical Services</p>			
4.12c	Metropolitan Life Insurance	Last 4 digits of account number	\$ Unknown
<p>Nonpriority Creditor's Name P.O. Box 981282</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>El Paso TX 79998 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			



**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.13	Michael Paik		
Nonpriority Creditor's Name			
3800 N Shepherd Drive			
Number Street			
Houston TX 77018			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ Unknown  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt - Debtor's Business Partner on Carebridge Digital, LLC	
4.13	Mike's Superior Dental Lab		
Nonpriority Creditor's Name			
25407 Stanolind Road			
Number Street			
Tomball TX 77375			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ 70.00  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
4.13	MIR Enterprises		
Nonpriority Creditor's Name			
13923 Schmidt Road			
Number Street			
Cypress TX 77429			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ Unknown  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.13	National Crime Search, Inc.		
Nonpriority Creditor's Name			
3452 E Joyce Blvd.			
Number Street			
Fayetteville AR 72703			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
		\$ Unknown	
4.13	Nobel Biocare USA, LLC		
Nonpriority Creditor's Name			
33201 Collection Center Drive			
Number Street			
Chicago IL 60693			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> 2368 <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
		\$ Unknown	
4.13	Office Systems Of Texas		
Nonpriority Creditor's Name			
P.O. Box 660831			
Number Street			
Dallas TX 75266			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> 1000 <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
		\$2,194.57	

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.13a	Open Dental Software	Last 4 digits of account number 5052/0785/8203	\$ Unknown
<p>Nonpriority Creditor's Name 3275 Marietta Street SE</p> <p>When was the debt incurred? _____</p> <p>Number Street</p> <p>Salem OR 97317 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			
4.13b	Ortho Arch	Last 4 digits of account number 2576/5081	\$ Unknown
<p>Nonpriority Creditor's Name P.O. Box 95676</p> <p>When was the debt incurred? _____</p> <p>Number Street</p> <p>Hoffman Estates IL 60195 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			
4.13c	Osteogenics Biomedical, Inc.	Last 4 digits of account number	\$ Unknown
<p>Nonpriority Creditor's Name 4620 71st Street, Building 78</p> <p>When was the debt incurred? _____</p> <p>Number Street</p> <p>Lubbock TX 79424 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.13	Over Bytes		
Nonpriority Creditor's Name			
565 South Mason Road, #190			
Number Street			
Katy TX 77450			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ 1,431.06  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
4.14	Patrick Palmer		
Nonpriority Creditor's Name			
910 Paradise Road			
Number Street			
Baytown TX 77521			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ Unknown  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt	
4.14	Patterson Dental Supply, Inc.		
Nonpriority Creditor's Name			
28244 Network Place			
Number Street			
Chicago IL 60673			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ 45,867.49  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Texas Alliance Surgical Center, LLC dba Alliance Surgical Center Humble	

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.14	Patterson Dental Supply, Inc.	Last 4 digits of account number 4589	\$30,128.23
Nonpriority Creditor's Name 28244 Network Place Number Street Chicago IL 60673 City State ZIP Code		When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.14	Patterson Dental Supply, Inc.	Last 4 digits of account number 3421	\$29,750.33
Nonpriority Creditor's Name 28244 Network Place Number Street Chicago IL 60673 City State ZIP Code		When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.14	Patterson Dental Supply, Inc.	Last 4 digits of account number 2390/0911	\$2,944.66
Nonpriority Creditor's Name 28244 Network Place Number Street Chicago IL 60673 City State ZIP Code		When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center & dba Alliance Surgical Center Garden Oaks	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.14	Pawnee Leasing Corporation	Last 4 digits of account number 0453		\$128,654.12
Nonpriority Creditor's Name		When was the debt incurred? 2019		
3801 Automation Way, Suite 207				
Number Street				
Fort Collins CO 80525		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt - Loan		
<input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.14	P&G Distributing, LLC	Last 4 digits of account number 5147		\$607.94
Nonpriority Creditor's Name		When was the debt incurred?		
24808 Network Place				
Number Street				
Chicago IL 60673		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.14	P&G Distributing, LLC	Last 4 digits of account number 6031/8581		\$Unknown
Nonpriority Creditor's Name		When was the debt incurred?		
24808 Network Place				
Number Street				
Chicago IL 60673		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				



**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.14a	P&G Oral Health	Last 4 digits of account number		\$ Unknown
Nonpriority Creditor's Name				
24808 Network Place				
Number Street				
Chicago IL 60673				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center & dba Alliance Surgical Center Garden Oaks				
4.14b	Pharmacy Advisors, Inc.	Last 4 digits of account number		\$ 850.00
Nonpriority Creditor's Name				
P.O. Box 2745				
Number Street				
Bellaire TX 77402				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center & dba Alliance Surgical Center Garden Oaks				
4.15	Philips	Last 4 digits of account number 6346/7144		\$ Unknown
Nonpriority Creditor's Name				
P.O. Box 847632				
Number Street				
Dallas TX 75284				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks				

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.15	Pitney Bowes	Last 4 digits of account number 2108	\$ 80.90
<p>Nonpriority Creditor's Name P.O. Box 371874</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Pittsburgh PA 15250 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			
4.15	Provider Privileging, LLC	Last 4 digits of account number	\$ 686.00
<p>Nonpriority Creditor's Name 11500 Northwest Fwy., Suite 200,O</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Houston TX 77092 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp; dba Alliance Surgical Center Garden Oaks</p>			
4.15	Ready Refresh	Last 4 digits of account number 9630	\$ Unknown
<p>Nonpriority Creditor's Name P.O. Box 856680</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Louisville KY 40285 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>			



**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.15x	Renaissance Systems and Services, LLC	Last 4 digits of account number 6873	\$ Unknown
Nonpriority Creditor's Name P.O. Box 67000, Dept. 277501 Number Street		When was the debt incurred? _____	
Detroit MI 48267 City State ZIP Code		<b>As of the date you file, the claim is:</b> Check all that apply.	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim is for a community debt		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.15x	Renaissance Systems and Services, LLC	Last 4 digits of account number 3452	\$ 99.99
Nonpriority Creditor's Name P.O. Box 67000, Dept. 277501 Number Street		When was the debt incurred? _____	
Detroit MI 48267 City State ZIP Code		<b>As of the date you file, the claim is:</b> Check all that apply.	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim is for a community debt		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.15x	Sedadent Anesthesia Group	Last 4 digits of account number	\$ Unknown
Nonpriority Creditor's Name 3401 Royal Vista Blvd., Suite A100 Number Street		When was the debt incurred? _____	
Round Rock TX 78681 City State ZIP Code		<b>As of the date you file, the claim is:</b> Check all that apply.	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Check if this claim is for a community debt		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.15a	Sedation Resource		
Nonpriority Creditor's Name		Last 4 digits of account number	3715
P.O. Box 250		When was the debt incurred?	
Number Street			\$ Unknown
Lone Oak TX 75453		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
Who incurred the debt? Check one.		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 2 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.15b	Smile Makers		
Nonpriority Creditor's Name		Last 4 digits of account number	7785/8223
P.O. Box 2543		When was the debt incurred?	
Number Street			\$ Unknown
Spartanburg SC 29304		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
Who incurred the debt? Check one.		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 2 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.15c	Smile Makers		
Nonpriority Creditor's Name		Last 4 digits of account number	3788/8216
P.O. Box 2543		When was the debt incurred?	
Number Street			\$397.60
Spartanburg SC 29304		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
Who incurred the debt? Check one.		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 2 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.16	Specialty Appliances		
Nonpriority Creditor's Name		Last 4 digits of account number	2260
4905 Hammond Industrial Drive		When was the debt incurred?	
Number Street			\$ 1,813.40
Cumming GA 30041		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
Who incurred the debt? Check one.		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 2 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.16	State Farm		
Nonpriority Creditor's Name		Last 4 digits of account number	\$ 163.58
P.O. Box 190128		When was the debt incurred?	
Number Street			
Birmingham AL 35319		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
Who incurred the debt? Check one.		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 2 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.16	Stern Empire Houston		
Nonpriority Creditor's Name		Last 4 digits of account number	6714/7119/7120
P.O. Box 776229		When was the debt incurred?	
Number Street			\$ Unknown
Chicago IL 60677		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
Who incurred the debt? Check one.		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 2 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Student loans	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.16	Steve's Handpiece Repair		
Nonpriority Creditor's Name		Last 4 digits of account number	\$ 298.77
3007 Woodland Hills Drive, #136		When was the debt incurred?	
Number	Street		
Humble	TX	77339	
City	State	ZIP Code	
<b>Who incurred the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply.			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble			
4.16	Straumann USA, LLC		
Nonpriority Creditor's Name		Last 4 digits of account number	\$ 110.42
P.O. Box 414029		When was the debt incurred?	
Number	Street		
Boston	MA	02241	
City	State	ZIP Code	
<b>Who incurred the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply.			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			
4.16	TeamViewer/GMBH		
Nonpriority Creditor's Name		Last 4 digits of account number	\$ Unknown
P.O. Box 743135		When was the debt incurred?	
Number	Street		
Atlanta	GA	30374	
City	State	ZIP Code	
<b>Who incurred the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply.			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans			
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.16	<p><b>Tempie Crawford</b></p> <p>Nonpriority Creditor's Name 319 American Black Bear Drive Number Street</p> <p>Crosby TX 77532 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble</p>	\$316.00
4.16	<p><b>Texas Department of State Health Services</b></p> <p>Nonpriority Creditor's Name P.O. box 12190 Number Street</p> <p>Austin TX 78711 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$Unknown
4.16	<p><b>Texas Medical Recovery</b></p> <p>Nonpriority Creditor's Name 4830 Wilson Road, Suite 300, PMB 192 Number Street</p> <p>Humble TX 77396 City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks</p>	\$236.61

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.16	The Hartford		
Nonpriority Creditor's Name		Last 4 digits of account number	9944/9965
P.O. Box 660916		When was the debt incurred?	
Number Street			\$ Unknown
Dallas TX 75266		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify Business Debt of Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.17	The Retainer Factory		
Nonpriority Creditor's Name		Last 4 digits of account number	
2545 Jackson Keller Road		When was the debt incurred?	
Number Street			\$ Unknown
San Antonio TX 78230		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.17	Trinity Legal Discovery		
Nonpriority Creditor's Name		Last 4 digits of account number	0012
945 McKinney, Suite 388		When was the debt incurred?	11/2019
Number Street			\$38,816.87
Houston TX 77002		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			



**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.17k	U.A. Plumbers		
Nonpriority Creditor's Name			
468 Link Road			
Number Street			
P.O. Box 8726			
Houston TX 77009			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ Unknown  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
4.17k	Ultimate Biomedical Solutions		
Nonpriority Creditor's Name			
6315 FM 1488 Road, Suite B			
Number Street			
Magnolia TX 77354			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ 1,771.85  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Surgical Center, LLC dba Alliance Surgical Center & dba Alliance Surgical Center Garden Oaks	
4.17k	UltraDent Products, Inc.		
Nonpriority Creditor's Name			
P.O. Box 952648			
Number Street			
St. Louis MO 63195			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> 4005/6992/6993 \$ 142.87  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	



**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.17k	UnitedHealthcare		
Nonpriority Creditor's Name			
P.O. Box 94017			
Number Street			
Palatine IL 60094			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ Unknown  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
4.17k	U.S. Bank N.A./U.S. Bank Equipment Finance		
Nonpriority Creditor's Name			
c/o Joni M. Fraser			
Number Street			
6213 Skyline Drive, Suite 2100			
Houston TX 77057			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ Unknown  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Lawsuit - Business Debt of Terry Lee DDS, PLLC & Signature Smiles Surgical Center, LLC	
4.17k	US-Yellow Pages		
Nonpriority Creditor's Name			
P.O. Box 40506			
Number Street			
Jacksonville FL 32203			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$2,072.00  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.17a	Vincent Lee		
Nonpriority Creditor's Name			
4726 Lakeside Meadows Drive			
Number Street			
Missouri City TX 77459			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ Unknown <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt - Debtor's Business Partner on Carebridge Digital, LLC	
4.17b	Vitality Dental Arts		
Nonpriority Creditor's Name			
462 N. McLean Blvd.			
Number Street			
Elgin IL 60123			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ 5,538.86 <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	
4.18	Weave Communications		
Nonpriority Creditor's Name			
2000 W Ashton Blvd., Suite 100			
Number Street			
Lehi UT 84043			
City State ZIP Code			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> \$ Unknown <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.18	Web Host Agents	Last 4 digits of account number		\$ 180.00
Nonpriority Creditor's Name				
228 Park Ave. S, #49828				
Number Street				
New York NY 10003				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify Terry Lee DDS PLLC dba Signature Smiles Garden Oaks				
4.18	Worldwide Business Services	Last 4 digits of account number		\$ 373.26
Nonpriority Creditor's Name				
6433 Topanga Canyon Blvd., #603				
Number Street				
Conga Park CA 91303				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify Terry Lee DDS PLLC dba Signature Smiles Garden Oaks				
4.18	Xoom Energy	Last 4 digits of account number		\$ Unknown
Nonpriority Creditor's Name				
P.O. Box 650411				
Number Street				
Dallas TX 75265				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify Business Debt of Signature Smiles Humble, PLLC dba Signature Smiles Humble				

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Brian P. Stanworth, D.D.S.

Name

102 Deer Crossing Court

Number Street

Conroe

TX

77384

City

State

ZIP Code

Care Credit

Name

P.O. Box 965033

Number Street

Orlando

FL

32896

City

State

ZIP Code

Care Credit

Name

P.O. Box 960013

Number Street

Orlandon

FL

32896

City

State

ZIP Code

Cigna Accent

Name

P. O. Box 188012

Number Street

Chattanooga

TN

37422

City

State

ZIP Code

Genesis Ortho Laboratory

Name

3400 Trent Road, Suite E

Number Street

New Bern

NC

28562

City

State

ZIP Code

Guardian

Name

P.O. Box 981572

Number Street

El Paso

TX

79998-15

City

State

ZIP Code

Harris County, et al

Name

c/o Tax Assessor-Collector

Number Street

P.O. Box 4622

Houston

TX

77210-46;

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.61 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.84 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.98 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Harris County, et al

Name

P.O. Box 3547

Number Street

Houston

TX

77253-35

City

State

ZIP Code

Hartman SPE, LLC

Name

2975 Regent Blvd., Suite 100

Number Street

Irving

TX

75063

City

State

ZIP Code

Hartman SPE, LLC

Name

P.O. Box 207743

Number Street

Dallas

TX

75320-77

City

State

ZIP Code

JPMorgan Chase Bank, N.A.

Name

P.O. Box 78039

Number Street

Phoenix

AZ

85062-80

City

State

ZIP Code

K&amp;L Gates, LLP

Name

P.O. Box 844288

Number Street

Boston

MA

02284

City

State

ZIP Code

K&amp;L Gates, LLP

Name

1717 Main Street, Suite 2800

Number Street

Houston

TX

77017

City

State

ZIP Code

Lincoln Financial Group

Name

150 N. Radnor-Chester Road

Number Street

Wayne

PA

19087

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Marcel Commons of the Woodlands, LLC

Name

c/o The Marcel Group

Number Street

P.O. Box 9556

Spring

TX

77387

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Texas Workforce Commission

Name

P.O. Box 149037

Number Street

Austin

TX

78714-90

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.4 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

Texas Workforce Commission

Name

P.O. Box 149037

Number Street

Austin

TX

78714-90

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

Texas Workforce Commission

Name

P.O. Box 149037

Number Street

Austin

TX

78714-90

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

Trinity Legal Discovery

Name

815 Walker Street, Suite 353

Number Street

Houston

TX

77002

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

UnitedHealthcare

Name

185 Asylum Street - 03B

Number Street

Hartford

CT

06103

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

UnitedHealthcare Insurance Company

Name

P.O. Box 30607

Number Street

Salt Lake City

UT

84130-06

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claims from Part 1**

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 14,322.53

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 0.00

6e. Total. Add lines 6a through 6d.

6e. \$ 14,322.53

**Total claim**
**Total claims from Part 2**

6f. Student loans

6f. \$ 0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 1,598,002.77

6j. Total. Add lines 6f through 6i.

6j. \$ 1,598,002.77

**Total claim**



**Fill in this information to identify your case:**

Debtor Terry Lee  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse If filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Southern District of Texas

Case number 19-36871-H5-7  
 (If known)

☐ Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Reeves County Detention Center Name 98 W County Road 204 Street Pecos TX 79772 City State ZIP Code	Lease of Apartment to Debtor/ Lessee
2.2	Name Street City State ZIP Code	
2.3	Name Street City State ZIP Code	
2.4	Name Street City State ZIP Code	
2.5	Name Street City State ZIP Code	

## Fill in this information to identify your case:

Debtor 1	Terry Lee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Texas			
Case number (If known)	19-36871-H5-7		

☐ Check if this is an amended filing

## Official Form 106H

## Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No  
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.  
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☒ Yes. In which community state or territory did you live? TX. Fill in the name and current address of that person.

Amanda Moon Lee

Name of your spouse, former spouse, or legal equivalent

508 W. 30th Street

Number Street

Houston

TX

77018

City

State

ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

## Column 1: Your codebtor

## Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Carebridge Digital, LLC

Name

3800 N. Shepherd Drive

Street

Houston

TX

77018

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.178  
☐ Schedule G, line \_\_\_\_\_

3.2

Carebridge Digital, LLC

Name

3800 N. Shepherd Drive

Street

Houston

TX

77018

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.62  
☐ Schedule G, line \_\_\_\_\_

3.3

Carebridge Digital, LLC

Name

3800 N. Shepherd Drive

Street

Houston

TX

77018

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line 4.130  
☐ Schedule G, line \_\_\_\_\_

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.4	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.101</u> <input type="checkbox"/> Schedule G, line _____
3.5	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.176</u> <input type="checkbox"/> Schedule G, line _____
3.6	Signature Smiles Surgical Center, LLC dba Alliance Surgical Center & Name 3800 N. Shepherd Drive, Suite 3-B Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.176</u> <input type="checkbox"/> Schedule G, line _____
3.7	Signature Smiles Surgical Center, LLC dba Alliance Surgical Center & Name 3800 N. Shepherd Drive, Suite 3-B Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.12</u> <input type="checkbox"/> Schedule G, line _____
3.8	Texas Alliance Surgical Center, LLC dba Alliance Surgical Center Hu Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.12</u> <input type="checkbox"/> Schedule G, line _____
3.9	Signature Smiles Surgical Center, LLC dba Alliance Surgical Center & Name 3800 N. Shepherd Drive, Suite 3-B Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.69</u> <input type="checkbox"/> Schedule G, line _____
3.10	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.69</u> <input type="checkbox"/> Schedule G, line _____
3.11	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.73</u> <input type="checkbox"/> Schedule G, line _____

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

## Column 1: Your codebtor

## Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.12

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.73☐ Schedule G, line \_\_\_\_\_

3.13

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.64☐ Schedule G, line \_\_\_\_\_

3.14

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.64☐ Schedule G, line \_\_\_\_\_

3.15

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.63☐ Schedule G, line \_\_\_\_\_

3.16

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.72☐ Schedule G, line \_\_\_\_\_

3.17

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.18

Texas Alliance Surgical Center, LLC dba Alliance Surgical Center Hu

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.61☐ Schedule G, line \_\_\_\_\_

3.19

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.61☐ Schedule G, line \_\_\_\_\_

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

## Column 1: Your codebtor

## Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.20

Signature Smiles Woodlands, PLLC dba Signature Smiles Woodland

Name

2400 FM1488, Suite 200

Street

Conroe

TX

77384

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.61☐ Schedule G, line \_\_\_\_\_

3.21

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.71☐ Schedule G, line \_\_\_\_\_

3.22

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.23☐ Schedule G, line \_\_\_\_\_

3.23

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.116☐ Schedule G, line \_\_\_\_\_

3.24

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.166☐ Schedule G, line \_\_\_\_\_

3.25

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.114☐ Schedule G, line \_\_\_\_\_

3.26

Texas Alliance Surgical Center, LLC dba Alliance Surgical Center Hu

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.141☐ Schedule G, line \_\_\_\_\_

3.27

Texas Alliance Surgical Center, LLC dba Alliance Surgical Center Hu

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.16☐ Schedule G, line \_\_\_\_\_

Debtor 1

Terry Lee

First Name Middle Name Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.28

Signature Smiles Woodlands, PLLC dba Signature Smiles Woodland

Name

2400 FM1488, Suite 200

Street

Conroe

TX

77384

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.29

Signature Smiles Woodlands, PLLC dba Signature Smiles Woodland

Name

2400 FM1488, Suite 200

Street

Conroe

TX

77384

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.86☐ Schedule G, line \_\_\_\_\_

3.30

Signature Smiles Woodlands, PLLC dba Signature Smiles Woodland

Name

2400 FM1488, Suite 200

Street

Conroe

TX

77384

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.92☐ Schedule G, line \_\_\_\_\_

3.31

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.173☐ Schedule G, line \_\_\_\_\_

3.32

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.152☐ Schedule G, line \_\_\_\_\_

3.33

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.149☐ Schedule G, line \_\_\_\_\_

3.34

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.144☐ Schedule G, line \_\_\_\_\_

3.35

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.148☐ Schedule G, line \_\_\_\_\_

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.36

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.126☐ Schedule G, line \_\_\_\_\_

3.37

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.122☐ Schedule G, line \_\_\_\_\_

3.38

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.105☐ Schedule G, line \_\_\_\_\_

3.39

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.94☐ Schedule G, line \_\_\_\_\_

3.40

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.83☐ Schedule G, line \_\_\_\_\_

3.41

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.26☐ Schedule G, line \_\_\_\_\_

3.42

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.19☐ Schedule G, line \_\_\_\_\_

3.43

Signature Smiles Surgical Center, LLC dba Alliance Surgical Center &amp;

Name

3800 N. Shepherd Drive, Suite 3-B

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.8☐ Schedule G, line \_\_\_\_\_



Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page to List More Codebtors***Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*

Check all schedules that apply:

3.44	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.68</u> <input type="checkbox"/> Schedule G, line _____
3.45	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.183</u> <input type="checkbox"/> Schedule G, line _____
3.46	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>2.3</u> <input type="checkbox"/> Schedule G, line _____
3.47	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.163</u> <input type="checkbox"/> Schedule G, line _____
3.48	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.158</u> <input type="checkbox"/> Schedule G, line _____
3.49	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.154</u> <input type="checkbox"/> Schedule G, line _____
3.50	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.142</u> <input type="checkbox"/> Schedule G, line _____
3.51	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.147</u> <input type="checkbox"/> Schedule G, line _____

Debtor 1

Terry Lee

First Name Middle Name Last Name

Case number (if known)

## Additional Page to List More Codebtors

## Column 1: Your codebtor

## Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.52

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.117☐ Schedule G, line \_\_\_\_\_

3.53

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.108☐ Schedule G, line \_\_\_\_\_

3.54

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.107☐ Schedule G, line \_\_\_\_\_

3.55

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.99☐ Schedule G, line \_\_\_\_\_

3.56

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.93☐ Schedule G, line \_\_\_\_\_

3.57

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.80☐ Schedule G, line \_\_\_\_\_

3.58

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.55☐ Schedule G, line \_\_\_\_\_

3.59

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.51☐ Schedule G, line \_\_\_\_\_

Debtor 1

Terry Lee

First Name Middle Name Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.60	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3.61	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.41</u> <input type="checkbox"/> Schedule G, line _____
3.62	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.27</u> <input type="checkbox"/> Schedule G, line _____
3.63	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.25</u> <input type="checkbox"/> Schedule G, line _____
3.64	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.20</u> <input type="checkbox"/> Schedule G, line _____
3.65	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.13</u> <input type="checkbox"/> Schedule G, line _____
3.66	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.100</u> <input type="checkbox"/> Schedule G, line _____
3.67	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.10</u> <input type="checkbox"/> Schedule G, line _____

Debtor 1

Terry Lee

First Name Middle Name Last Name

Case number (if known)

## Additional Page to List More Codebtors

## Column 1: Your codebtor

## Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.68

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.5☐ Schedule G, line \_\_\_\_\_

3.69

Signature Smiles Humble, PLLC dba Signature Smiles Humble

Name

14315 E. Sam Houston Pkwy. N., Suite 100

Street

Houston

TX

77044

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.1☐ Schedule G, line \_\_\_\_\_

3.70

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.14☐ Schedule G, line \_\_\_\_\_

3.71

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.182☐ Schedule G, line \_\_\_\_\_

3.72

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.181☐ Schedule G, line \_\_\_\_\_

3.73

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.180☐ Schedule G, line \_\_\_\_\_

3.74

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.179☐ Schedule G, line \_\_\_\_\_

3.75

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.175☐ Schedule G, line \_\_\_\_\_

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.76

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.174☐ Schedule G, line \_\_\_\_\_

3.77

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.177☐ Schedule G, line \_\_\_\_\_

3.78

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.172☐ Schedule G, line \_\_\_\_\_

3.79

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.170☐ Schedule G, line \_\_\_\_\_

3.80

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.169☐ Schedule G, line \_\_\_\_\_

3.81

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 2.4☐ Schedule G, line \_\_\_\_\_

3.82

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.168☐ Schedule G, line \_\_\_\_\_

3.83

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.167☐ Schedule G, line \_\_\_\_\_

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.84

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.165☐ Schedule G, line \_\_\_\_\_

3.85

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.164☐ Schedule G, line \_\_\_\_\_

3.86

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.162☐ Schedule G, line \_\_\_\_\_

3.87

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.161☐ Schedule G, line \_\_\_\_\_

3.88

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.160☐ Schedule G, line \_\_\_\_\_

3.89

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.159☐ Schedule G, line \_\_\_\_\_

3.90

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.157☐ Schedule G, line \_\_\_\_\_

3.91

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.156☐ Schedule G, line \_\_\_\_\_

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.92

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.155☐ Schedule G, line \_\_\_\_\_

3.93

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.153☐ Schedule G, line \_\_\_\_\_

3.94

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.151☐ Schedule G, line \_\_\_\_\_

3.95

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.150☐ Schedule G, line \_\_\_\_\_

3.96

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.143☐ Schedule G, line \_\_\_\_\_

3.97

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.146☐ Schedule G, line \_\_\_\_\_

3.98

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.139☐ Schedule G, line \_\_\_\_\_

3.99

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.138☐ Schedule G, line \_\_\_\_\_



Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.100	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.138</u> <input type="checkbox"/> Schedule G, line _____
3.101	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.137</u> <input type="checkbox"/> Schedule G, line _____
3.102	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.136</u> <input type="checkbox"/> Schedule G, line _____
3.103	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.135</u> <input type="checkbox"/> Schedule G, line _____
3.104	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.134</u> <input type="checkbox"/> Schedule G, line _____
3.105	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.133</u> <input type="checkbox"/> Schedule G, line _____
3.106	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.131</u> <input type="checkbox"/> Schedule G, line _____
3.107	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.129</u> <input type="checkbox"/> Schedule G, line _____

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.108

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.127☐ Schedule G, line \_\_\_\_\_

3.109

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.125☐ Schedule G, line \_\_\_\_\_

3.110

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.132☐ Schedule G, line \_\_\_\_\_

3.111

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.123☐ Schedule G, line \_\_\_\_\_

3.112

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.121☐ Schedule G, line \_\_\_\_\_

3.113

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.118☐ Schedule G, line \_\_\_\_\_

3.114

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.120☐ Schedule G, line \_\_\_\_\_

3.115

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.113☐ Schedule G, line \_\_\_\_\_

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1	6	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.112</u> <input type="checkbox"/> Schedule G, line _____
		Name	
		3800 N. Shepherd Drive, Suite 3-A	
		Street	
		Houston TX 77018-6400	
		City State ZIP Code	
3.1	7	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.111</u> <input type="checkbox"/> Schedule G, line _____
		Name	
		3800 N. Shepherd Drive, Suite 3-A	
		Street	
		Houston TX 77018-6400	
		City State ZIP Code	
3.1	8	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.109</u> <input type="checkbox"/> Schedule G, line _____
		Name	
		3800 N. Shepherd Drive, Suite 3-A	
		Street	
		Houston TX 77018-6400	
		City State ZIP Code	
3.1	9	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.106</u> <input type="checkbox"/> Schedule G, line _____
		Name	
		3800 N. Shepherd Drive, Suite 3-A	
		Street	
		Houston TX 77018-6400	
		City State ZIP Code	
3.1	10	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.104</u> <input type="checkbox"/> Schedule G, line _____
		Name	
		3800 N. Shepherd Drive, Suite 3-A	
		Street	
		Houston TX 77018-6400	
		City State ZIP Code	
3.1	11	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.102</u> <input type="checkbox"/> Schedule G, line _____
		Name	
		3800 N. Shepherd Drive, Suite 3-A	
		Street	
		Houston TX 77018-6400	
		City State ZIP Code	
3.1	12	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
		Name	
		3800 N. Shepherd Drive, Suite 3-A	
		Street	
		Houston TX 77018-6400	
		City State ZIP Code	
3.1	13	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.98</u> <input type="checkbox"/> Schedule G, line _____
		Name	
		3800 N. Shepherd Drive, Suite 3-A	
		Street	
		Houston TX 77018-6400	
		City State ZIP Code	

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.124	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.96</u> <input type="checkbox"/> Schedule G, line _____
3.125	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.95</u> <input type="checkbox"/> Schedule G, line _____
3.126	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.87</u> <input type="checkbox"/> Schedule G, line _____
3.127	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.85</u> <input type="checkbox"/> Schedule G, line _____
3.128	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.91</u> <input type="checkbox"/> Schedule G, line _____
3.129	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.88</u> <input type="checkbox"/> Schedule G, line _____
3.130	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.90</u> <input type="checkbox"/> Schedule G, line _____
3.131	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.89</u> <input type="checkbox"/> Schedule G, line _____

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.132	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.84</u> <input type="checkbox"/> Schedule G, line _____
3.133	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.97</u> <input type="checkbox"/> Schedule G, line _____
3.134	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.82</u> <input type="checkbox"/> Schedule G, line _____
3.135	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.81</u> <input type="checkbox"/> Schedule G, line _____
3.136	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.79</u> <input type="checkbox"/> Schedule G, line _____
3.137	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.75</u> <input type="checkbox"/> Schedule G, line _____
3.138	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.74</u> <input type="checkbox"/> Schedule G, line _____
3.139	Signature Smiles Humble, PLLC dba Signature Smiles Humble Name 14315 E. Sam Houston Pkwy. N., Suite 100 Street Houston TX 77044 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.70</u> <input type="checkbox"/> Schedule G, line _____

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.140	Signature Smiles Surgical Center, LLC dba Alliance Surgical Center & Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.70</u> <input type="checkbox"/> Schedule G, line _____
3.141	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.70</u> <input type="checkbox"/> Schedule G, line _____
3.142	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.58</u> <input type="checkbox"/> Schedule G, line _____
3.143	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.57</u> <input type="checkbox"/> Schedule G, line _____
3.144	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.56</u> <input type="checkbox"/> Schedule G, line _____
3.145	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.54</u> <input type="checkbox"/> Schedule G, line _____
3.146	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.53</u> <input type="checkbox"/> Schedule G, line _____
3.147	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.52</u> <input type="checkbox"/> Schedule G, line _____

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.148

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.50☐ Schedule G, line \_\_\_\_\_

3.149

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.49☐ Schedule G, line \_\_\_\_\_

3.150

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.48☐ Schedule G, line \_\_\_\_\_

3.151

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.47☐ Schedule G, line \_\_\_\_\_

3.152

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.46☐ Schedule G, line \_\_\_\_\_

3.153

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.60☐ Schedule G, line \_\_\_\_\_

3.154

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.59☐ Schedule G, line \_\_\_\_\_

3.155

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.45☐ Schedule G, line \_\_\_\_\_



Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.156

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.44☐ Schedule G, line \_\_\_\_\_

3.157

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.43☐ Schedule G, line \_\_\_\_\_

3.158

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.42☐ Schedule G, line \_\_\_\_\_

3.159

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.38☐ Schedule G, line \_\_\_\_\_

3.160

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.37☐ Schedule G, line \_\_\_\_\_

3.161

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.36☐ Schedule G, line \_\_\_\_\_

3.162

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.35☐ Schedule G, line \_\_\_\_\_

3.163

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.115☐ Schedule G, line \_\_\_\_\_

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.164	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.28</u> <input type="checkbox"/> Schedule G, line _____
3.165	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.29</u> <input type="checkbox"/> Schedule G, line _____
3.166	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.24</u> <input type="checkbox"/> Schedule G, line _____
3.167	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.22</u> <input type="checkbox"/> Schedule G, line _____
3.168	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.17</u> <input type="checkbox"/> Schedule G, line _____
3.169	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.18</u> <input type="checkbox"/> Schedule G, line _____
3.170	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.171</u> <input type="checkbox"/> Schedule G, line _____
3.171	Terry Lee DDS PLLC dba Signature Smiles Garden Oaks Name 3800 N. Shepherd Drive, Suite 3-A Street Houston TX 77018-6400 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.11</u> <input type="checkbox"/> Schedule G, line _____

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.172

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.7☐ Schedule G, line \_\_\_\_\_

3.173

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.6☐ Schedule G, line \_\_\_\_\_

3.174

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.4☐ Schedule G, line \_\_\_\_\_

3.175

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.3☐ Schedule G, line \_\_\_\_\_

3.176

Terry Lee DDS PLLC dba Signature Smiles Garden Oaks

Name

3800 N. Shepherd Drive, Suite 3-A

Street

Houston

TX

77018-6400

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☒ Schedule E/F, line 4.2☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

MM / DD / YYYY

12/15

Part 1: Describe Employment		Debtor 1	Debtor 2 or non-filing spouse
<b>1. Fill in your employment information.</b>  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.	<b>Employment status</b>	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
	<b>Occupation</b>	Dentist	
	<b>Employer's name</b>	Wellpath	
	<b>Employer's address</b>	98 W. County Road 204	
		Number Street	Number Street
		Pecos, TX 79772	
		City State ZIP Code	City State ZIP Code
	<b>How long employed there?</b>	2 months	

## Part 2: Give Details About Monthly Income

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 10,833.33	\$ _____
3. <b>Estimate and list monthly overtime pay.</b>	3. + \$ 0.00	+ \$ _____
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. \$ 10,833.33	\$ _____

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known)

19-36871-H5-7

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 10,833.33	\$
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 2,867.30	\$
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$
5e. Insurance	5e. \$ 0.00	\$
5f. Domestic support obligations	5f. \$ 0.00	\$
5g. Union dues	5g. \$ 0.00	\$
5h. Other deductions. Specify: _____	5h. + \$	+ \$
_____	\$	\$
_____	\$	\$
_____	\$	\$
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 2,867.30	\$
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 7,966.03	\$
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 7,966.03	\$ 0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12. \$ 7,966.03	
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		Combined monthly income

## Fill in this information to identify your case:

Debtor 1 Terry Lee  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Texas  
 (State)

Case number 19-36871-H5-7  
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

## 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter3

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

## 3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 0.00

## If not included in line 4:

4a. Real estate taxes 4a. \$ 1,000.00

4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses 4c. \$ 200.00

4d. Homeowner's association or condominium dues 4d. \$ 0.00

Debtor 1 Terry Lee  
 First Name Middle Name Last Name

Case number (if known) 19-36871-H5-7

		Your expenses
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	\$ <u>0.00</u>
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	\$ <u>200.00</u>
6b.	Water, sewer, garbage collection	\$ <u>200.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ <u>200.00</u>
6d.	Other. Specify: <u>Trash Pickup</u>	\$ <u>100.00</u>
7.	<b>Food and housekeeping supplies</b>	\$ <u>1,500.00</u>
8.	<b>Childcare and children's education costs</b>	\$ <u>1,500.00</u>
9.	<b>Clothing, laundry, and dry cleaning</b>	\$ <u>200.00</u>
10.	<b>Personal care products and services</b>	\$ <u>0.00</u>
11.	<b>Medical and dental expenses</b>	\$ <u>500.00</u>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	\$ <u>0.00</u>
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	\$ <u>200.00</u>
14.	<b>Charitable contributions and religious donations</b>	\$ <u>200.00</u>
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ <u>0.00</u>
15b.	Health insurance	\$ <u>0.00</u>
15c.	Vehicle insurance	\$ <u>200.00</u>
15d.	Other insurance. Specify: _____	\$ <u>0.00</u>
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$ <u>0.00</u>
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	\$ <u>0.00</u>
17b.	Car payments for Vehicle 2	\$ <u>0.00</u>
17c.	Other. Specify: _____	\$ <u>0.00</u>
17d.	Other. Specify: <u>Lease of Apartment from Reeves County, TX</u>	\$ <u>1,000.00</u>
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	\$ <u>0.00</u>
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <u>0.00</u>
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	\$ <u>0.00</u>
20b.	Real estate taxes	\$ <u>0.00</u>
20c.	Property, homeowner's, or renter's insurance	\$ <u>0.00</u>
20d.	Maintenance, repair, and upkeep expenses	\$ <u>0.00</u>
20e.	Homeowner's association or condominium dues	\$ <u>0.00</u>



Debtor 1 Terry Lee  
 First Name Middle Name Last Name

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21. **Other.** Specify: Fly to Work in Pecos, TX

School Lunch Expenses

21. +\$ 100.00  
 +\$ 500.00  
 +\$

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 7,800.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$

22c. \$ 7,800.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 7,966.03

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 7,800.00

23c. Subtract your monthly expenses from your monthly income.  
 The result is your *monthly net income*.

23c. \$ 166.03

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:



**Fill in this information to identify your case:**

Debtor 1	Terry Lee		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Texas			
Case number	19-36871-H5-7		
(If known)			

☐ Check if this is an amended filing

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Give Details About Your Marital Status and Where You Lived Before

**1. What is your current marital status?**

☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

☒ No

☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:		Dates Debtor 1 lived there		Debtor 2:		Dates Debtor 2 lived there	
				<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
From _____ To _____		From _____ To _____		From _____ To _____		From _____ To _____	
Number _____ Street _____ _____		Number _____ Street _____ _____		Number _____ Street _____ _____		Number _____ Street _____ _____	
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	

3. **Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☐ No

☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 Terry Lee  
 First Name Middle Name Last Name

Case number (if known) 19-36871-H5-7

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
<b>For last calendar year:</b> (January 1 to December 31, <u>2019</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>61,144.15</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2018</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>170,882.86</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
<b>For last calendar year:</b> (January 1 to _____)	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
<b>For the calendar year before that:</b> (January 1 to _____)	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____

Debtor 1 Terry Lee  
 First Name Middle Name Last Name

Case number (if known) 19-36871-H5-7

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number _____ Street _____	_____			<input type="checkbox"/> Car
_____	_____			<input type="checkbox"/> Credit card
City _____ State _____ ZIP Code _____				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Creditor's Name _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number _____ Street _____	_____			<input type="checkbox"/> Car
_____	_____			<input type="checkbox"/> Credit card
City _____ State _____ ZIP Code _____				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Creditor's Name _____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number _____ Street _____	_____			<input type="checkbox"/> Car
_____	_____			<input type="checkbox"/> Credit card
City _____ State _____ ZIP Code _____				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known) 19-36871-H5-7

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

Debtor 1 **Terry Lee**  
 First Name Middle Name Last Name

Case number (if known) **19-36871-H5-7**

#### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title: U.S. Bank National Association dba U.S. Bank Equipment Finance vs. Signature Smiles Surgical Center, et al  Case number: 2019-83977	Lawsuit	157th Judicial District Court Court Name  201 Caroline Number Street  Houston TX 77002 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title: In the Matter of the Marriage of Amanda Moon Lee and Terry, and in the Interest of Vivian Faith Lee, a Minor Child  Case number: 2019-80630	Divorce	257th Judicial District Court Court Name  201 Caroline Number Street  Houston TX 77002 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name  Number Street  City State ZIP Code		\$
<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Creditor's Name  Number Street  City State ZIP Code		\$
<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		



Debtor 1 Terry Lee  
 First Name Middle Name Last Name

Case number (if known) 19-36871-H5-7

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number Street City State ZIP Code			\$
Last 4 digits of account number: XXXX-			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you			\$
			\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you			\$
			\$

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known) 19-36871-H5-7

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**☒ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$
			\$
Number Street			
City State ZIP Code			

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**☒ No☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
			\$

**Part 7: List Certain Payments or Transfers****16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Margaret M. McClure Person Who Was Paid		
Attorney at Law Number Street	12/12/19	\$ 10,000.00
909 Fannin, Suite 3810		\$
Houston TX 77010 City State ZIP Code		
Email or website address		
Person Who Made the Payment, if Not You		

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known) 19-36871-H5-7

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		_____	\$ _____
Number Street		_____	\$ _____
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		_____	\$ _____
Number Street		_____	\$ _____
City State ZIP Code			

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			_____
Number Street			
City State ZIP Code			
Person's relationship to you			
Person Who Received Transfer			_____
Number Street			
City State ZIP Code			
Person's relationship to you			

Debtor 1 Terry Lee  
 First Name Middle Name Last Name

Case number (if known) 19-36871-H5-7

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust

Description and value of the property transferred

Date transfer was made

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution Number Street City State ZIP Code	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Name of Financial Institution Number Street City State ZIP Code	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution Number Street City State ZIP Code	Name Number Street City State ZIP Code	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1

Terry Lee

First Name

Middle Name

Last Name

Case number (if known) 19-36871-H5-7

## 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		

**Part 9: Identify Property You Hold or Control for Someone Else**

## 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☐ No☒ Yes. Fill in the details.

Where is the property?	Describe the property	Value
Debtor's Mother Owner's Name	Fidelity Investments, account no. ...6274 (Funds belong to Debtor's Mother and he is holding for her benefit)	\$ <u>Unknown</u>
Number Street	Number Street	
City State ZIP Code	City State ZIP Code	

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

## 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site		
Number Street		
City State ZIP Code		

Debtor 1 Terry Lee  
 First Name Middle Name Last Name

Case number (if known) 19-36871-H5-7

**25. Have you notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site _____ Number Street _____ _____ City State ZIP Code _____	Governmental unit _____ Number Street _____ _____ City State ZIP Code _____	_____

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No  
☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____ Court Name _____ Number Street _____ Case number _____ City State ZIP Code _____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.  
☒ Yes. Check all that apply above and fill in the details below for each business.

Carebridge Digital, LLC Business Name 3800 N. Shepherd Drive Number Street _____ Houston TX 77018-6401 City State ZIP Code	Describe the nature of the business Consulting - Computer/Web _____ Name of accountant or bookkeeper Terry Lee	Employer Identification number Do not include Social Security number or ITIN. EIN: <u>8</u> <u>1</u> - <u>2</u> <u>9</u> <u>2</u> <u>4</u> <u>2</u> <u>9</u> <u>9</u> Dates business existed From <u>06/08/2016</u> To _____
T-Rex Investments, LLC Business Name 508 W. 30th Street Number Street _____ Houston TX 77018 City State ZIP Code	Describe the nature of the business Real Estate Investment - Owns Property in California _____ Name of accountant or bookkeeper Terry Lee	Employer Identification number Do not include Social Security number or ITIN. EIN: <u>2</u> <u>0</u> - <u>4</u> <u>1</u> <u>9</u> <u>8</u> <u>7</u> <u>3</u> <u>1</u> Dates business existed From <u>06/03/2010</u> To <u>Current</u>

Debtor 1

Terry Lee

First Name Middle Name Last Name

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Texas Alliance Surgical Center, LLC dba  
Business Name14315 E. Sam Houston Pkwy. N., Suite 1  
Number StreetHouston TX 77044  
City State ZIP Code

## Describe the nature of the business

Dental Services

## Employer Identification number

Do not include Social Security number or ITIN.

EIN: 8 1 - 0 8 5 6 3 2

## Dates business existed

From 01/10/2016 To

## Name of accountant or bookkeeper

Christina Cano

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No☐ Yes. Fill in the details below.

## Date issued

Name

MM / DD / YYYY

Number Street

City

State

ZIP Code

## Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✕

/s/ Terry Lee

Signature of Debtor 1

✕

Signature of Debtor 2

Date 01/08/2020

Date

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☐ No☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).



Terry Lee

19-36871-H5-7

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

**Continuation Sheet for Official Form 107****9) Lawsuits****Case Title:** Dr. Kathy Nguyen vs. Terry Lee, et al**Case Number:** 2019-04023**Court Name:** 189 Judicial District Court**Court Address:** 201 Caroline, Houston, TX 77002**Case Status:** Pending**Nature of the case:** Lawsuit

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**27) Businesses****Business Name:** Signature Smiles Surgical Center, LLC dba Alliance Surgical Center, dba Alliance Surgical Center Garden Oaks & Heights Dental Surgery Center**3800 N. Shepherd Drive, Suite 3-B****Houston, TX 77018-6400****Describe the Nature of the business:** Dental Services**EIN:** 47-2854929**Dates business existed:** From: 11/20/2014 To:

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**Business Name:** Signature Smiles Woodlands, PLLC dba Signature Smiles Woodlands**2400 FM1488, Suite 200****Conroe, TX 77384****Describe the Nature of the business:** Dental Services**EIN:** 47-3031968**Dates business existed:** From: 12/21/2014 To:

---

**Business Name:** Signature Smiles Humble, PLLC dba Signature Smiles Humble**14315 E. Sam Houston Pkwy. N, Suite 100****Houston, TX 77044****Describe the Nature of the business:** Dental Services**EIN:** 81-0906873

Terry Lee

19-36871-H5-7

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

**Continuation Sheet for Official Form 107****Dates business existed: From: 12/18/2015 To:**

---

**Business Name: Terry Lee DDS PLLC dba Signature Smiles Garden Oaks****3800 N. Shepherd Drive, Suite 3-A****Houston, TX 77018-6400****Describe the Nature of the business: Dental Services****EIN: 26-2893452****Dates business existed: From: 06/26/2008 To:**

---

**Business Name: Signature Smiles Katy, PLLC****3800 N. Shepherd Drive, Suite 3-A****Houston, TX 77018-6400****Describe the Nature of the business: Dental Services****EIN: 20-6225591****Dates business existed: From: 12/08/2016 To:**

---

**Business Name: Texas Alliance Surgical Center Katy, LLC****3800 N. Shepherd Drive, Suite 3-A****Houston, TX 77018-6400****Describe the Nature of the business: Dental Services****EIN: 20-6227982****Dates business existed: From: 12/12/2016 To:**

---

**Fill in this information to identify your case:**

Debtor 1 Terry Lee  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Southern District of Texas

Case number 19-36871-H5-7  
 (If known)

☐ Check if this is an amended filing
**Official Form 108****Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: _____  Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____  Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____  Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____  Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Terry LeeCase number (If known) 19-36871-H5-7**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: <u>Reeves County Detention Center</u>	<input type="checkbox"/> No
Description of leased property: <u>Lease of Apartment to Debtor/</u>	<input checked="" type="checkbox"/> Yes
Lessor's name: _____	<input type="checkbox"/> No
Description of leased property: _____	<input type="checkbox"/> Yes
Lessor's name: _____	<input type="checkbox"/> No
Description of leased property: _____	<input type="checkbox"/> Yes
Lessor's name: _____	<input type="checkbox"/> No
Description of leased property: _____	<input type="checkbox"/> Yes
Lessor's name: _____	<input type="checkbox"/> No
Description of leased property: _____	<input type="checkbox"/> Yes
Lessor's name: _____	<input type="checkbox"/> No
Description of leased property: _____	<input type="checkbox"/> Yes
Lessor's name: _____	<input type="checkbox"/> No
Description of leased property: _____	<input type="checkbox"/> Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X** /s/ Terry Lee

Signature of Debtor 1

Date 01/08/2020

MM / DD / YYYY

**X**

Signature of Debtor 2

Date \_\_\_\_\_

MM / DD / YYYY

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**SOUTHERN DISTRICT OF TEXAS**  
**HOUSTON DIVISION**

In re **TERRY LEE**Case No. **19-36871-H5-7**

Debtor

Chapter **7****DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept . . . . . (Retainer). . . \$ **10,000.00**Prior to the filing of this statement I have received . . . . . (Retainer). . . \$ **10,000.00**Balance Due . . . . . \$ **Unknown**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  
**Representing Debtor(s) in any adversary proceeding, contested bankruptcy matter or post-discharge bankruptcy matter.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

<u>January 8, 2019</u>	<u>/s/Margaret M. McClure</u>
<i>Date</i>	<i>Signature of Attorney</i>
	<u>Law Office of Margaret M. McClure</u>
	<i>Name of law firm</i>

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

- **You are an individual filing for bankruptcy, and**
- **Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11 — Reorganization
- Chapter 12 — Voluntary repayment plan for family farmers or fishermen
- Chapter 13 — Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

### Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.



## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

**Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

**Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

**Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

3M Unitek  
3724 South Peck Road  
Monrovia, CA 91016

Barrett Margin  
24719 Royal Pike Drive  
Katy, TX 77493

ADA Members Insurance  
Great West Financial  
P.O. Box 710890  
Denver, CO 80271

BeaconMedaes  
P.O. Box 123234, Dept. 3234  
Dallas, TX 75312

ADP, LLC  
P.O. Box 842875  
Boston, MA 02284

Blue Cross Blue Shield of Texas  
P.O. Box 731428  
Dallas, TX 75373

Alert 360  
P.O. BOX 21031  
Tulsa, OK 74121

Brasseler USA  
One Brasseler Boulevard  
Savannah, GA 31419

Align Technology, Inc  
P.O. Box 742531  
Los Angeles, CA 90074

Brian P. Stanworth, D.D.S.  
102 Deer Crossing Court  
Conroe, TX 77384

Amanda Moon Lee  
c/o Phillip G. Ghutzman  
440 Louisiana Street, Suite 1500  
Houston, TX 77002

CMV Fresh Solutions, Inc.  
4915 Steffani Lane  
Houston, TX 77041-7817

American Association of Dental Ofc. Mgt.  
125 Half Mile Road, Suite 200  
Red Bank, NJ 07701

Capital One  
P.O. Box 60599  
City Of Industry, CA 91716

American Express  
P.O. Box 650448  
Dallas, TX 75265

Cardinal Health  
c/o Bank of America Lockbox  
5303 Collections Center Drive  
Chicago, IL 60693

American Orthodontics Corporation\*  
P.O. Box 109  
Milwaukee, WI 53278

Care Credit  
c/o Kenya Leal  
P.O. Box 960061  
Orlando, FL 32896-0061

Annavy Nguyen  
511 Allston Street, #1313  
Houston, TX 77007

Care Credit  
P.O. Box 965033  
Orlando, FL 32896

AppRiver  
P.O. Box 3547  
Houston, TX 77253

Care Credit  
P.O. Box 960013  
Orlandon, FL 32896

Araceli Lopez  
15218 La Mancha Drive  
Houston, TX 77083

Carebridge Digital, LLC  
3800 N. Shepherd Drive  
Houston, TX 77018

Carestream Dental, LLC  
3625 Cumberland Blvd., Suite 700  
Atlanta, GA 30339

Compounding Shop Pharmacy  
11845 Wilcrest Drive  
Houston, TX 77031

CenterPoint Energy  
P.O. Box 4981  
Houston, TX 77210

Coverall  
2955 Momentum Place  
Chicago, IL 60689

Centric Technology Services  
8419-B Louetta Road  
Spring, TX 77379

Data Shredding Services  
615 West 38th Street  
Houston, TX 77018

Chase  
P.O. Box 78039  
Phoenix, AZ 85062-8039

De Lage Landen Financial Services, Inc.  
P.O. Box 14535  
Des Moines, IA 50306

Christopher Allison  
1300 E James Street, Apt. 1  
Baytown, TX 77520

Dell Financial Services  
P.O. Box 5275  
Carol Stream, IL 60197

Cigna Accent  
P.O. Box 952366  
Saint Louis, MO 63195-2366

Delta Dental of New Jersey, Inc.  
1639 Route 10  
Parsippany, NJ 07054

Cigna Accent  
P. O. Box 188012  
Chattanooga, TN 37422

Denovo Dental  
P.O. Box 548  
5130 Commerce Drive  
Baldwin Park, CA 91706

City of Houston  
P.O. Box 203887  
Houston, TX 77216

Dental Accounts at Ease  
4195 S Grand Canyon Drive, Suite 106  
Las Vegas, NV 89147

Claims Recovery  
231 East Avenue  
Albion, NY 14411

Dental Assistance  
7500 San Felipe Street, Suite. 600  
Houston, TX 77063

Comcast  
P.O. Box 3002  
Southeastern, PA 19398

Dental Compliance Specialists  
235 NE Loop 820, Suite 203  
Hurst, TX 76053

Comcast Business  
9602 S 300 W. Suite B  
Sandy, UT 84070

Dental Health Products, Inc.  
P.O. Box 8465  
Carol Stream, IL 60197

Compliance Assurance  
682 Orvil Smith Road  
Harvest, AL 35749

Dental Systems, Inc.  
P.O. Box 7331  
Baytown, TX 77522

Dentsply Implants  
P.O. Box 536935  
Atlanta, GA 30353

Dr. Kevin Yeh  
c/o Joan Kehlof  
720 N Post Oak Road, Suite 610  
Houston, TX 77024

Direct Energy Business  
P.O. Box 660749  
Dallas, TX 75266

Dr. Mandy Wilkinson  
12306 Lanny Lane  
Houston, TX 77077

Dr. Brian Stanworth/Brian Stanworth, DDS, PLL  
c/o Sean B. Davis  
600 Travis Street, Suite 5200  
Houston, TX 77002

Dr. Scott Howell  
2840 King's Retreat Circle  
Humble, TX 77345

Dr. Dan V. Nguyen  
4507 Holt Street  
Bellaire, TX 77401

Enlive Dental (Macco Systems)  
23276 S Pointe Drive, #101  
Laguna Hills, CA 92653

Dr. Darius Smith  
1710 W TC Jester Blvd., Apt. 1304  
Houston, TX 77008

Entergy Texas, Inc.  
P.O. Box 8104  
Baton Rouge, LA 70891

Dr. David Cho  
2300 McCue Road, Apt. 230  
Houston, TX 77056

Felicia Starr  
10134 Rockaway Drive  
Houston, TX 77016

Dr. Derek Liang  
5716 Bellaire Blvd., Suite B  
Houston, TX 77081

Fidelis Realty Partners  
4500 Bissonnet Street, Suite 200  
Bellaire, TX 77401

Dr. Gary Gardner  
2613 Cartington Court  
College Station, TX 77845

Fidelity Investments  
P.O. Box 770001  
Cincinnati, OH 45277

Dr. Gregory Poindexter/  
Herodontics Pediatric Dentistry, PLLC  
2736 Miranda Drive  
Murfreesboro, TN 37128

First Defense Fire & Safety  
P.O. BOX 667189  
Houston, TX 77266

Dr. Josh Lee  
P.O. Box 6983  
Houston, TX 77265

Five Star Orthodontic  
P.O. Box 888  
2928 Metro Street, Suite 102  
Denton, TX 76207

Dr. Katelynn Le  
6917 Juliette Springs Lane  
Sugar Land, TX 77479

GRB Dental  
918 Willow Street  
Pasadena, TX 77506

Dr. Kathy & Dan Nguyen/Centra1Dental, P.A.  
c/o David Tang  
6711 Stella Link, #343  
West University Place, TX 77005

Generators of Houston  
6106 Milwee Street  
Houston, TX 77092

Genesis Ortho Laboratory  
16044 South Skyview Court  
Forney, TX 75126

Guardian  
P.O. Box 981572  
El Paso, TX 79998-1572

Genesis Ortho Laboratory  
3400 Trent Road, Suite E  
New Bern, NC 28562

Harper Lawrence Financial, LLC  
5407 Harbor Mist  
Baytown, TX 77521

Glidewell Laboratories  
4141 MacArthur Blvd.  
Newport Beach, CA 92660

Harris County, et al  
c/o Mr. John P. Dillman  
P.O. Box 3064  
Houston, TX 77253-3064

Glidewell Laboratories  
4142 MacArthur Blvd.  
Newport Beach, CA 92661

Harris County, et al  
c/o Tax Assessor-Collector  
P.O. Box 4622  
Houston, TX 77210-4622

Glidewell Laboratories  
4143 MacArthur Blvd.  
Newport Beach, CA 92662

Harris County, et al  
P.O. Box 3547  
Houston, TX 77253-3547

Glidewell Laboratories  
4144 MacArthur Blvd.  
Newport Beach, CA 92663

Hartman Income REIT Operating Partnership, LP  
dba Garden Oaks Shopping Center  
2909 Hillcroft, Suite 420  
Houston, TX 77057

Glidewell Laboratories  
4146 MacArthur Blvd.  
Newport Beach, CA 92665

Hartman Management  
7211 Regency Square Blvd., Suite 223  
Houston, TX 77036

Glidewell Laboratories  
4147 MacArthur Blvd.  
Newport Beach, CA 92666

Hartman SPE, LLC  
7211 Regency Square Blvd., Suite 223  
Houston, TX 77036

GoSharps, LLC  
3044 Old Denton Road  
Carrollton, TX 75007

Hartman SPE, LLC  
2975 Regent Blvd., Suite 100  
Irving, TX 75063

Grace Medical Gas and Equipment  
19102 Mockingbird Valley Drive  
Katy, TX 77449

Hartman SPE, LLC  
P.O. Box 207743  
Dallas, TX 75320-7743

Gray Reed & McGraw  
1300 Post Oak Blvd., Suite 2000  
Houston, TX 77056

HealthFirst  
Dept. CH 14330  
Palatine, IL 60055

Guardian  
10 Hudson Yards  
New York, NY 10001

Henry Schein  
8781 West Road, Suite 140  
Houston, TX 77064

Highland Capital Corporation  
5 Center Avenue  
Little Falls, NJ 07424

K&L Gates, LLP  
1717 Main Street, Suite 2800  
Houston, TX 77017

Hiossen, Inc  
270 Sylvan Ave., Suite 1130  
Englewood Cliffs, NJ 07632

Kettenbach, LP  
62-64 Enter Lane  
Islandia, NY 11749

Holly Palmer/Harper Lawrence Financial LLC  
5407 Harbor Mist  
Baytown, TX 77521

Kimberlee Presson  
4714 Applewood Crest Lane  
Rosharon, TX 77583

Humana  
P.O. Box 3226  
Milwaukee, WI 53201

Lincoln Financial Group  
1330 Post Oak Blvd., # 2800  
Houston, TX 77056

Humana Healthcare Plans  
P.O. Box 3226  
Milwaukee, WI 53201

Lincoln Financial Group  
150 N. Radnor-Chester Road  
Wayne, PA 19087

Inpro  
P.O. Box 720  
Muskego, WI 53150

Lonestar Radiation Services  
22011 Avonglen Lane  
Spring, TX 77389

JPMorgan Chase Bank, N.A.  
c/o Bruce J. Ruzinsky  
1401 McKinney Street, Suite 1900  
Houston, TX 77010

Lyon Collection Services, Inc.  
370 7th Avenue  
New York, NY 10001

JPMorgan Chase Bank, N.A.  
P.O. Box 78039  
Phoenix, AZ 85062.8039

MIR Enterprises  
13923 Schmidt Road  
Cypress, TX 77429

Jonathan Herrera/Rebecca Longoria  
9927 Myrtle Field Lane  
Houston, TX 77044

Marcel Commons of the Woodlands, LLC  
14815 Old Conroe Road  
Conroe, TX 77384

Juan Covarrubias/Maria Covarrubias  
9310 Mill View Lane  
Humble, TX 77396

Marcel Commons of the Woodlands, LLC  
c/o The Marcel Group  
P.O. Box 9556  
Spring, TX 77387

K&L Gates, LLP  
1000 Main St., Suite 2550  
HOUSTON, TX 77002

Mayclin Dental Studio, Inc./  
KinderKrowns  
7505 Hwy. 7, Suite 100  
St. Louis Park, MN 55426

K&L Gates, LLP  
P.O. Box 844288  
Boston, MA 02284

McKesson Medical-Surgical  
9954 Mayland Drive, Suite 4000  
Richmond, VA 23233

Medline Industries  
P.O. Box 121080, Dept. 1080  
Dallas, TX 75312

P&G Distributing, LLC  
24808 Network Place  
Chicago, IL 60673

Memorial Hermann  
P.O. Box 4370  
Houston, TX 77210-4370

P&G Oral Health  
24808 Network Place  
Chicago, IL 60673

Metropolitan Life Insurance  
P.O. Box 981282  
El Paso, TX 79998

Patrick Palmer  
910 Paradise Road  
Baytown, TX 77521

Michael Paik  
3800 N Shepherd Drive  
Houston, TX 77018

Patterson Dental Supply, Inc.  
28244 Network Place  
Chicago, IL 60673

Mike's Superior Dental Lab  
25407 Stanolind Road  
Tomball, TX 77375

Pawnee Leasing Corporation  
3801 Automation Way, Suite 207  
Fort Collins, CO 80525

National Crime Search, Inc.  
3452 E Joyce Blvd.  
Fayetteville, AR 72703

Pharmacy Advisors, Inc.  
P.O. Box 2745  
Bellaire, TX 77402

Nobel Biocare USA, LLC  
33201 Collection Center Drive  
Chicago, IL 60693

Philips  
P.O. Box 847632  
Dallas, TX 75284

Office Systems Of Texas  
P.O. Box 660831  
Dallas, TX 75266

Pitney Bowes  
P.O. Box 371874  
Pittsburgh, PA 15250

Open Dental Software  
3275 Marietta Street SE  
Salem, OR 97317

Provider Privileging, LLC  
11500 Northwest Fwy., Suite 200,O  
Houston, TX 77092

Ortho Arch  
P.O. Box 95676  
Hoffman Estates, IL 60195

Ready Refresh  
P.O. Box 856680  
Louisville, KY 40285

Osteogenics Biomedical, Inc.  
4620 71st Street, Building 78  
Lubbock, TX 79424

Renaissance Systems and Services, LLC  
P.O. Box 67000, Dept. 277501  
Detroit, MI 48267

Over Bytes  
565 South Mason Road, #190  
Katy, TX 77450

Sedadent Anesthesia Group  
3401 Royal Vista Blvd., Suite A100  
Round Rock, TX 78681



Sedation Resource  
P.O. Box 250  
Lone Oak, TX 75453

Tempie Crawford  
319 American Black Bear Drive  
Crosby, TX 77532

Signature Smiles Humble, PLLC dba Signature S  
14315 E. Sam Houston Pkwy. N., Suite 100  
Houston, TX 77044

Terry Lee DDS PLLC dba Signature Smiles Garde  
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Houston, TX 77018-6400

Signature Smiles Surgical Center, LLC dba All  
3800 N. Shepherd Drive, Suite 3-B  
Houston, TX 77018-6400

Texas Alliance Surgical Center, LLC dba Allia  
14315 E. Sam Houston Pkwy. N., Suite 100  
Houston, TX 77044

Signature Smiles Surgical Center, LLC dba All  
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Texas Department of State Health Services  
P.O. box 12190  
Austin, TX 78711

Signature Smiles Woodlands, PLLC dba Signatur  
2400 FM1488, Suite 200  
Conroe, TX 77384

Texas Medical Recovery  
4830 Wilson Road, Suite 300, PMB 192  
Humble, TX 77396

Smile Makers  
P.O. Box 2543  
Spartanburg, SC 29304

Texas Workforce Commission  
c/o Office of the Attorney General  
P.O. Box 12548  
Austin, TX 78711-2548

Specialty Appliances  
4905 Hammond Industrial Drive  
Cumming, GA 30041

Texas Workforce Commission  
P.O. Box 149037  
Austin, TX 78714-9037

State Farm  
P.O. Box 190128  
Birmingham, AL 35319

The Hartford  
P.O. Box 660916  
Dallas, TX 75266

Stern Empire Houston  
P.O. Box 776229  
Chicago, IL 60677

The Retainer Factory  
2545 Jackson Keller Road  
San Antonio, TX 78230

Steve's Handpiece Repair  
3007 Woodland Hills Drive, #136  
Humble, TX 77339

Trinity Legal Discovery  
945 McKinney, Suite 388  
Houston, TX 77002

Straumann USA, LLC  
P.O. Box 414029  
Boston, MA 02241

Trinity Legal Discovery  
815 Walker Street, Suite 353  
Houston, TX 77002

TeamViewer/GMBH  
P.O. Box 743135  
Atlanta, GA 30374

U.A. Plumbers  
468 Link Road  
P.O. Box 8726  
Houston, TX 77009

U.S. Bank N.A./U.S. Bank Equipment Finance  
c/o Joni M. Fraser  
6213 Skyline Drive, Suite 2100  
Houston, TX 77057

Xoom Energy  
P.O. Box 650411  
Dallas, TX 75265

US-Yellow Pages  
P.O. Box 40506  
Jacksonville, FL 32203

Ultimate Biomedical Solutions  
6315 FM 1488 Road, Suite B  
Magnolia, TX 77354

UltraDent Products, Inc.  
P.O. Box 952648  
St. Louis, MO 63195

UnitedHealthcare  
P.O. Box 94017  
Palatine, IL 60094

UnitedHealthcare  
185 Asylum Street - 03B  
Hartford, CT 06103

UnitedHealthcare Insurance Company  
P.O. Box 30607  
Salt Lake City, UT 84130-0607

Vincent Lee  
4726 Lakeside Meadows Drive  
Missouri City, TX 77459

Vitality Dental Arts  
462 N. McLean Blvd.  
Elgin, IL 60123

Weave Communications  
2000 W Ashton Blvd., Suite 100  
Lehi, UT 84043

Web Host Agents  
228 Park Ave. S, #49828  
New York, NY 10003

Worldwide Business Services  
6433 Topanga Canyon Blvd., #603  
Conga Park, CA 91303

United States Bankruptcy Court  
Southern District of Texas

In re: Terry Lee

Case No. 19-36871-H5-7

Chapter 7

Debtor(s)

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 01/08/2020

/s/ Terry Lee

Signature of Debtor

Signature of Joint Debtor